

# 2025

## COMMUNITY HEALTH NEEDS ASSESSMENT

### North Mississippi

Baptist Memorial Hospital-Booneville

Baptist Memorial Hospital-Calhoun

Baptist Memorial Hospital-Golden Triangle

Baptist Memorial Hospital-North Mississippi

Baptist Memorial Hospital-Union County



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## About Baptist Memorial Health Care

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care (Baptist) is an award-winning network dedicated to providing compassionate, high-quality care for our patients. Our network of 23 hospitals serves communities across the Mid-South, including Arkansas, Mississippi and Tennessee, offering safe, integrated, patient-focused and cost-effective medical care.

At Baptist, we believe serving a community is about more than just helping patients feel better. It's about helping entire communities become the best they can be. We accomplish that by providing financial and programmatic support and collaborating with local organizations to build stronger and healthier communities. Each year, Baptist supports hundreds of nonprofit organizations through programs, seminars, health fairs, board participation, events, employee engagement and more.

As part of our mission to provide quality health care to all who need it, Baptist supports local nonprofit organizations that share our dedication to providing effective, affordable health care to underserved, underinsured and uninsured members of our communities. Many of these same organizations offer financial assistance programs and opportunities, as well as numerous free resources to people in the communities they serve, including medical care, transportation, housing, food assistance, legal aid, job training and placement and more.

We recognize our hospitals and medical clinics are vital organizations within the communities we serve. And we know we cannot address every community need by ourselves. To promote health and quality of life, we collaborate with community partners who have expertise in social needs, specialty services, faith leadership, advocacy and essential resources. We foster ongoing relationships with these partners and provide financial and in-kind gifts to support their work.

We support excellence in health care training and education through programs that focus on math, science and related subjects to prepare tomorrow's health care workforce. As we plan for the future, we provide training opportunities for emerging health care professionals and encourage students to pursue medicine, nursing and other allied health careers. Through leading-edge research and clinical trials, we help to advance learning in the medical field and develop new treatments for cancer and other diseases.

In these and many other ways, we demonstrate our commitment to our communities.

## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
2025 COMMUNITY HEALTH NEEDS ASSESSMENT .....	3
2025 CHNA LEADERSHIP AND OVERSIGHT .....	4
2025 CHNA STUDY AREA.....	5
RESEARCH METHODOLOGY .....	7
OUR STRENGTHS AND OPPORTUNITIES .....	9
COMMUNITY HEALTH PRIORITIES.....	13
<b>OUR COMMUNITY AND RESIDENTS.....</b>	<b>15</b>
<b>MEASURING HEALTH IN OUR COMMUNITY .....</b>	<b>18</b>
<b>COMMUNITY HEALTH NEEDS .....</b>	<b>24</b>
ACCESS TO CARE AND SERVICES .....	24
BEHAVIORAL HEALTH .....	29
CHRONIC DISEASE PREVENTION AND MANAGEMENT .....	34
ECONOMIC STABILITY .....	40
MATERNAL AND CHILD HEALTH .....	43
<b>OUR RESPONSE TO THE COMMUNITY’S NEEDS .....</b>	<b>48</b>
<b>BOARD APPROVAL AND NEXT STEPS .....</b>	<b>57</b>
<b>APPENDIX A: SECONDARY DATA REFERENCES .....</b>	<b>58</b>
<b>APPENDIX B: KEY STAKEHOLDER SURVEY PARTICIPANTS.....</b>	<b>60</b>
<b>APPENDIX C: PARTNER FORUM PARTICIPANTS .....</b>	<b>62</b>



## Executive Summary

### 2025 Community Health Needs Assessment

As a trusted health care leader, Baptist is dedicated to understanding and addressing the most pressing health and wellness concerns of our community. Baptist conducts a Community Health Needs Assessment (CHNA) every three years to monitor the health of residents and the many social and environmental factors that influence health and well-being. The CHNA informs the development of implementation strategies for each of our hospitals to address identified priority needs and align community health investments with the highest needs in the communities we serve.

*The goal of the CHNA is to gather data and community input to inform strategies and policies to support a healthy and thriving region and to foster collaboration among community organizations in developing and delivering services to the residents they serve.*

### CHNA Study Objectives:

- Compile a comprehensive profile of the factors that affect health and well-being in the region
- Compare community health indicators with previous CHNAs to document trends and changes
- Demonstrate the effect of social drivers of health; document differences in health outcomes across populations and communities
- Strengthen stakeholder engagement and partnerships; engage residents in the study process
- Define three-year priority areas and develop action plans
- Monitor the progress of community health initiatives

The results of the CHNA will help us identify priorities and strategies to improve health and well-being in the region. Responding to the study's findings and sharing data with other community-based organizations, Baptist aims to ensure that all residents benefit from their local resources, robust social service network and the high-quality health care available in our community to help residents live their healthiest lives.

We thank you for partnering with us on this effort. To learn more about the CHNA and opportunities for collaboration to address identified health needs, please contact [community.relations@bmhcc.org](mailto:community.relations@bmhcc.org) or visit [baptistonline.org/about/chna](http://baptistonline.org/about/chna).

### Research Partner

Baptist's CHNA research was conducted by *Build Community*, a research consultant that specializes in developing stakeholder research to illuminate disparities and underlying inequities and transform data into practical and effective strategies to advance health and social equity. An interdisciplinary team of researchers and planners, Build Community has worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about *Build Community* at [buildcommunity.com](http://buildcommunity.com).



## 2025 CHNA Leadership and Oversight

Since 2011, Baptist has convened a steering committee of representatives from across the organization to collaborate on the CHNA. This collaboration ensures a comprehensive study that compares communities across the Mid-South and fosters collective impact to address the most pressing issues that affect health for residents. The following individuals served on the CHNA committee as liaisons to their organizations and the communities they serve.

### Baptist Memorial Health Care Planning Committee

Donna Baugus, Survey Research System Manager  
 Cynthia Bradford, System Community Relations Manager  
 Abby Brann, System Community Relations Sr. Coordinator  
 Jackie Doss, System Community Relations Coordinator  
 Jeff Lann, Marketing and Research Development Manager  
 Tiana Poirier-Shelton, System Community Relations Coordinator  
 Ann Marie Watkins Wallace, System Community Relations Sr. Coordinator

### Baptist Memorial Health Care Leadership Committee

Kimberly Young, Executive Vice President/Chief Financial Officer, Committee Chair  
 David Garrison, Vice President, Corporate Finance, Committee Co-Chair  
 Walter Banks, Chief Human Resources Officer, Market Operations/Chief Diversity Officer  
 Dr. William Cloud, Vice President/Chief Medical Officer  
 Amanda Comer, DNP, Chief Advanced Practice Officer  
 Kim Danehower, Corporate Compliance Officer and 504 Coordinator  
 Greg Duckett, Executive Vice President/Chief Legal Officer  
 Mary Freeman, Director, Government Relations  
 Kristy Gay, Chief Experience Officer  
 Tom Gladney, System Director, Data Management Support Services  
 Patti Hollifield, System Director, Quality Outcome Management  
 Kevin Hollinger, System Director, Patient Experience  
 Sharon Hureta, RN, Manager, Quality and Performance Improvement  
 Briana Jegier, Ph.D., Associate Program Chair, Undergraduate Professor, Baptist Health Sciences University  
 Taylor Jones, Data Analyst, Strategic Planning  
 Michelle McDonald, Ph.D., Academic Dean, General Education and Health Studies, Baptist Health Sciences University  
 Keith Norman, Vice President/Chief Government Affairs and Community Relations Officer  
 Lilian Nyindodo, Ph.D., Program Chair, Associate Professor of Biomedical Sciences, Baptist Health Sciences University  
 Kimmie Vault, System Director, Corporate Communications  
 Elizabeth Wiggins, Marketing Director, Baptist Anderson Regional Medical Center

## 2025 CHNA Study Area

Baptist has 23 hospitals serving residents in Arkansas, Mississippi and Tennessee. The CHNA focused on the primary service county of each Baptist Memorial Hospital to identify health trends and unique challenges within these communities. Hospitals with overlapping service areas were grouped into regions for comparisons of health and socioeconomic data.

**2025 CHNA Geographic Regions and Primary Service Areas**

Region	Primary Service Counties	Hospitals
Memphis Metro	Shelby and Fayette counties, TN	Baptist Memorial Hospital-Memphis Baptist Memorial Hospital-Collierville Baptist Memorial Hospital for Women Baptist Memorial Rehabilitation Hospital Baptist Memorial Restorative Care Hospital* Spence and Becky Wilson Baptist Children's Hospital
	Tipton County, TN	Baptist Memorial Hospital-Tipton
	DeSoto County, MS	Baptist Memorial Hospital-DeSoto
Northeast Arkansas	Craighead and Poinsett counties, AR	NEA Baptist Memorial Hospital
	Crittenden County, AR	Baptist Memorial Hospital-Crittenden
West Tennessee	Carroll County, TN	Baptist Memorial Hospital-Carroll County
	Obion County, TN	Baptist Memorial Hospital-Union City
North Mississippi	Lafayette and Panola counties, MS	Baptist Memorial Hospital-North Mississippi
	Benton and Union counties, MS	Baptist Memorial Hospital-Union County
	Prentiss County, MS	Baptist Memorial Hospital-Booneville
	Lowndes County, MS	Baptist Memorial Hospital-Golden Triangle
	Calhoun County, MS	Baptist Memorial Hospital-Calhoun
Central Mississippi	Attala, Hinds, Leake, Madison, Rankin and Yazoo counties, MS	Baptist Memorial Hospital-Mississippi Baptist Medical Center
	Attala County, MS	Baptist Memorial Hospital-Attala
	Leake County, MS	Baptist Memorial Hospital-Leake
	Yazoo County, MS	Baptist Memorial Hospital-Yazoo
	Lauderdale County, MS	Baptist Anderson Regional Medical Center Baptist Anderson Regional Medical Center-South

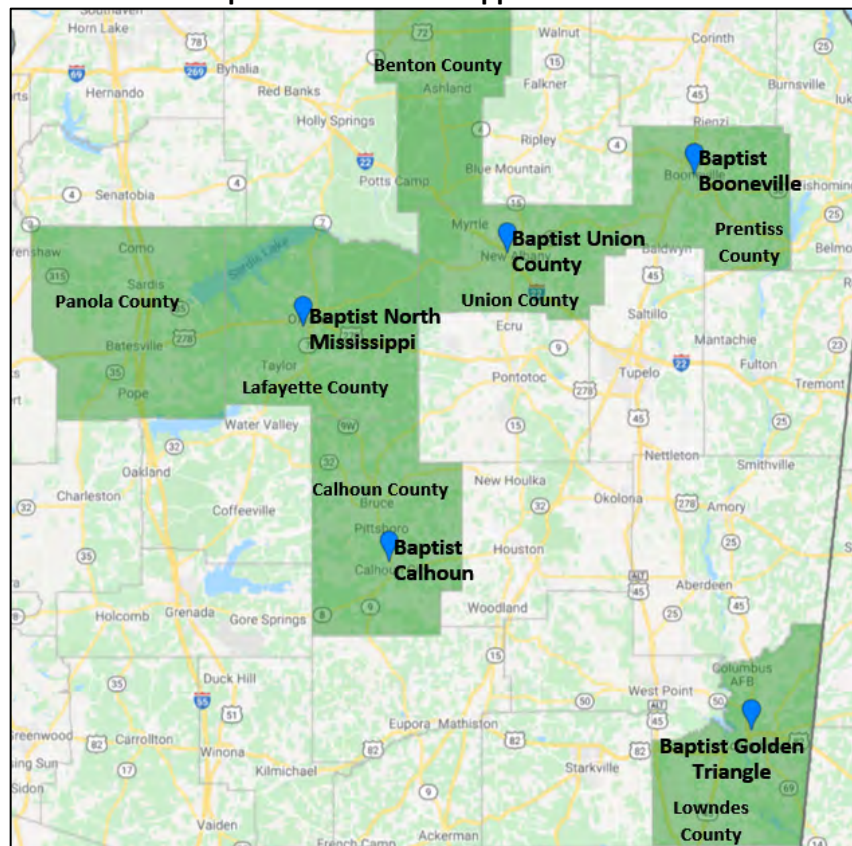
\*On August 01, 2025, Baptist Memorial Health Care Corp., Inc., as parent company, sold all tangible and intangible assets of the Baptist Memorial Restorative Care Hospital in Memphis, Tennessee to Select Specialty Hospital – Memphis, Inc., a subsidiary of Select Medical Corporation, Inc. of Mechanicsburg, Pennsylvania.

Baptist has five hospitals in the North Mississippi service area, which all collaborated on the 2025 CHNA. The North Mississippi study encompassed Benton, Calhoun, Lafayette, Lowndes, Panola, Prentiss and Union counties in Mississippi. To identify opportunities for community health improvement and understand factors that influence health within distinct communities, we analyzed demographic data and available health indicators for ZIP codes within each county.

The following hospitals are included in the 2025 CHNA for the North Mississippi service area.

- Baptist Memorial Hospital-Booneville (Baptist Booneville)
- Baptist Memorial Hospital-Calhoun (Baptist Calhoun)
- Baptist Memorial Hospital-Golden Triangle (Baptist Golden Triangle)
- Baptist Memorial Hospital-North Mississippi (Baptist North Mississippi)
- Baptist Memorial Hospital-Union County (Baptist Union County)

**Baptist's North Mississippi Service Area**



## Research Methodology

The CHNA was conducted from July 2024 to June 2025 and included primary and secondary research methods to determine health trends and disparities.

## Primary Research and Community Engagement

Community engagement was an integral part of the CHNA. Collaborating with community-based organizations across the region, input was solicited and received from a wide array of community stakeholders and residents, with a particular focus on diverse populations, under-resourced areas and communities that have been historically marginalized. Study participants provided perspectives on unmet health and social needs; community resources available to meet those needs; barriers to accessing services; service delivery gaps and recommendations to improve health and well-being.



### Key Stakeholder Survey

Across the region, 67 individuals serving diverse communities and populations participated in the key stakeholder survey to collect input about local health needs, clients' experiences receiving and accessing services and opportunities for collective impact.



### Partner Forum

We held a community meeting with 27 health and human services professionals serving the region to share CHNA data findings and collectively define challenges and meaningful strategies for health improvement.



### Listening Sessions

We held 11 listening sessions with subject matter experts and social service representatives based in Baptist's service areas to discuss priority health needs and opportunities to improve residents' access to health care services. Sessions conducted in the North Mississippi service area included the following:

**Lowndes County faith leaders**, exploring insights from faith leaders in responding to community needs (11 attendees)

**Lowndes county health and social services representatives**, exploring community trends and health and social needs (five attendees)

**Mid-South higher education representatives**, exploring trends and needs in education and workforce development throughout all of Baptist's service regions (seven attendees)

**Mississippi maternal and child health representatives**, exploring community trends and health and social needs for mothers and children in Mississippi (13 attendees)

## Secondary Data Analysis



Secondary data are reported by county and ZIP code, as available, to demonstrate localized health needs and disparities. The most recently available data at the time of publication is used throughout the study. Due to the time required to collect and analyze data, it is typical for data to reflect prior years rather than the current year.



## Social Drivers of Health

*Where we live affects choices available to us*

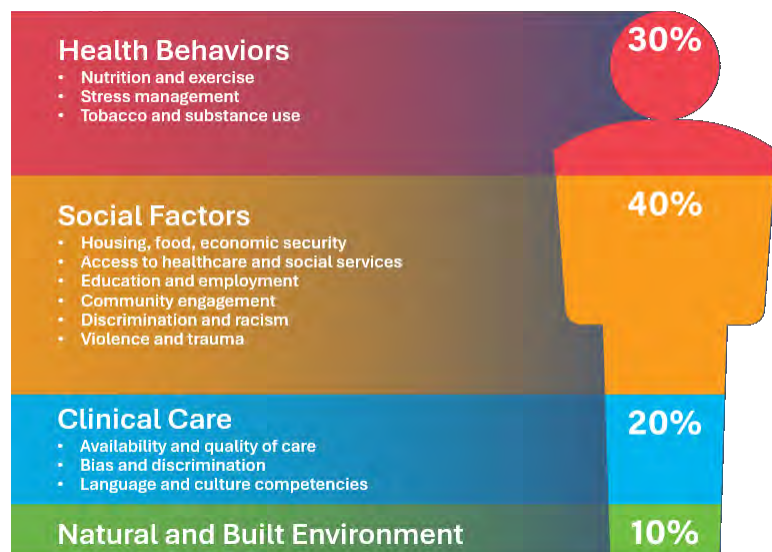
The CHNA was conducted to provide deeper insights into the differences in health and well-being experienced between groups of people in the region. We used the Social Drivers of Health (SDOH) framework to study and document income and poverty; housing and food security; early learning and education; social factors and the environment and built community. We analyzed data across these five domains of SDOH to identify strengths and challenges in our community that affect our health and well-being.

*Graphic Credit: U.S. Department of Health and Human Services*

### SOCIAL DRIVERS OF HEALTH



*Social Drivers of Health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.*



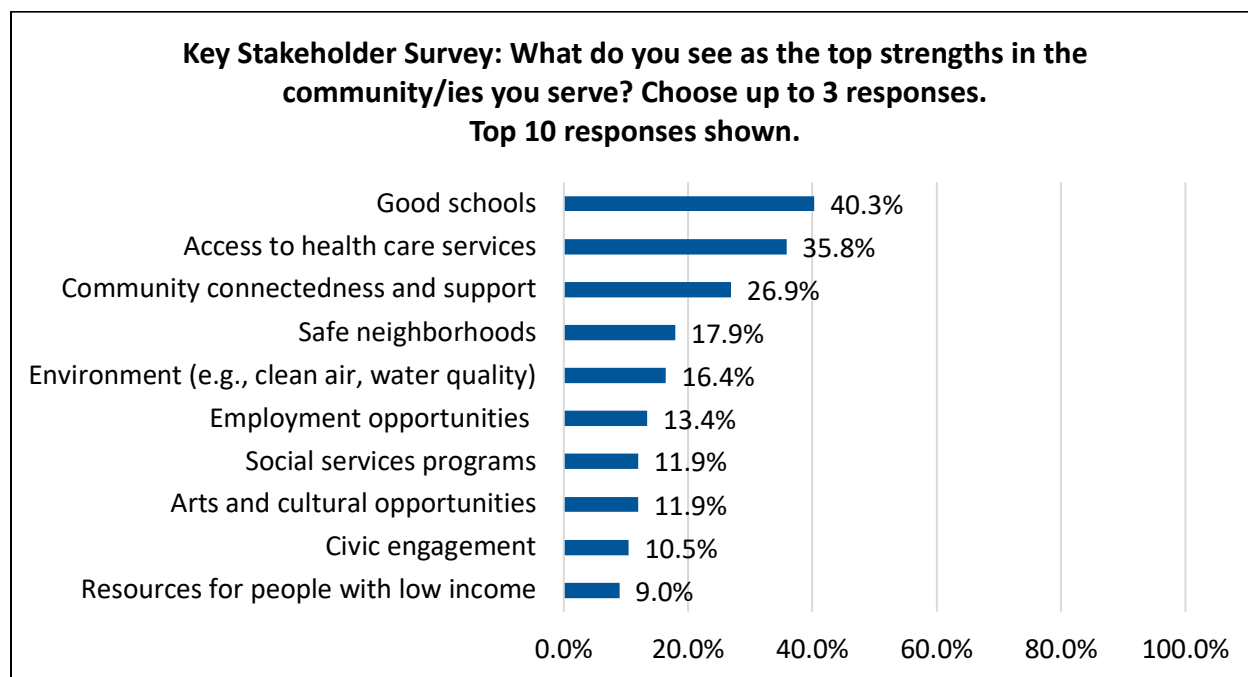
*50% of a person's health is determined by social factors and their natural and built environment.*

*Only 20% of health outcomes are attributed to clinical care.*

Examining data across SDOH domains helps us understand factors that influence differences in health status, access to health care and outcomes between groups of people. These differences include higher prevalence of chronic diseases, such as diabetes, lack of health insurance, inability to afford essential medications and shortened life expectancy. Advancing health for all residents means ensuring all people in a community have the resources and care they need to achieve optimal health and well-being. To advance health for all, we need to look beyond the health care system to address “upstream” SDOH issues, such as education attainment, job opportunities, affordable housing and safe environments.

### Our Strengths and Opportunities

The North Mississippi service area is supported by a robust and collaborative network of health and human service providers and strong anchor institutions (e.g., University of Mississippi). The area is rich in natural resources and beauty and community stakeholders described a strong sense of community and support for neighbors. When asked what they see as the top strengths for the community, key stakeholder survey participants noted *good schools, access to health care services, community connectedness and support* and *safe neighborhoods* among the top attributes.



When asked to rate various SDOH for North Mississippi communities, approximately 50% to 60% of stakeholders rated *access to green spaces and outdoor recreation, civic participation, health care access, community safety* and *early childhood education* as “good” or “excellent.”

Stakeholders acknowledged North Mississippi’s rural outdoor environment and commitment to providing and maintaining parks, trails and recreation through planning and promotion. The Oxford Park Commission offers free physical activity programs every day of the week for adults aged 40 or older.

#### STAKEHOLDER FEEDBACK:

*“Advocacy for youth sports and recreation. City planning to include outdoor/recreation spaces.”*

*“Green spaces are available to most Mississippians whether by design (constructed) or natural.”*

The community benefits from a strong health care system that is tuned into community needs. Baptist is held in high regard because of the institution’s longevity and presence throughout North Mississippi communities, and commitment to expanding access to needed health care and community services. Two federally qualified health centers (FQHCs) operate in Lafayette County to serve uninsured and underinsured residents.

**STAKEHOLDER FEEDBACK:**

*“We have a good hospital for our size community, and several clinics.”*

*“In the areas that we service in conjunction with the Baptist footprint, we have strong health care leaders that are aware of the community’s needs. They also have strong civic leadership that advocate for resources.”*

North Mississippi was seen as a community that cares about its residents and has strong support for volunteering and giving back, especially in areas where social services are limited. The faith community and anchor institutions like Baptist were seen as critical to civic engagement.

**STAKEHOLDER FEEDBACK:**

*“I think people in our community want better for our community. Volunteerism and philanthropy in our community are excellent. This is often seen in communities where established services, such as those funded by government, are inadequate to meet needs.”*

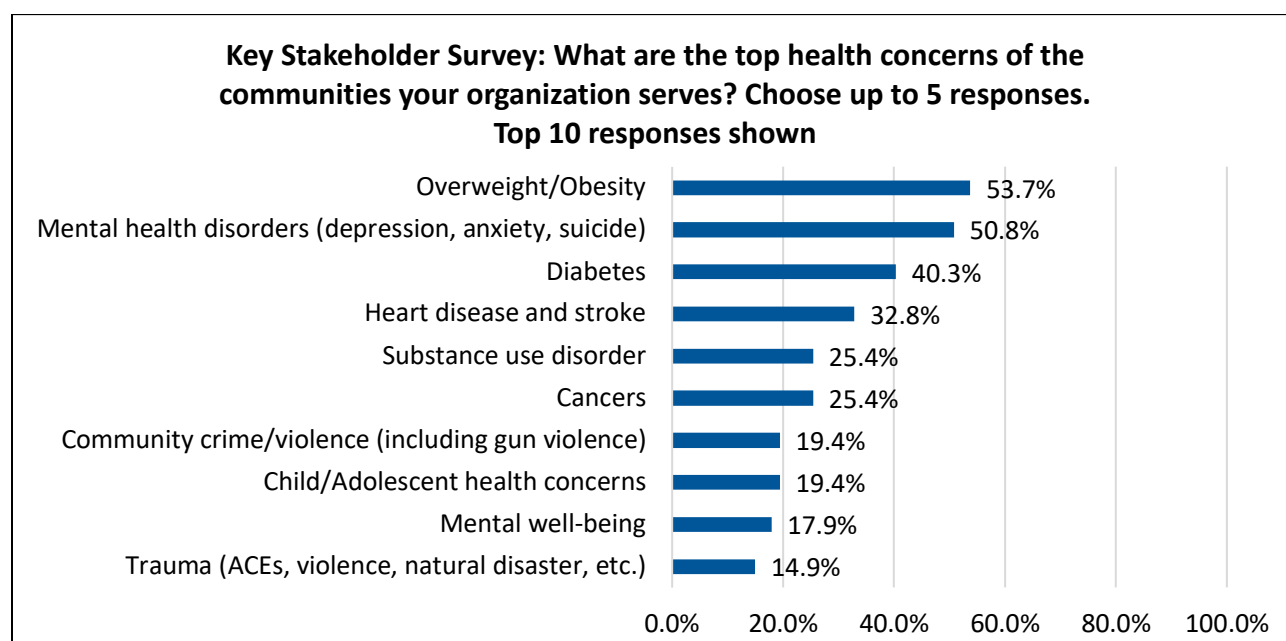
*“[Baptist] also has strong civic leadership that advocate for resources.”*

*“Most of the local churches provide the volunteers within the community.”*

**Community Strengths**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>■ Access to green spaces and outdoor recreation</li> <li>■ Civic engagement and volunteerism</li> <li>■ Community development efforts</li> <li>■ Community safety</li> <li>■ Community support and connectedness</li> <li>■ Cultural and entertainment centers</li> <li>■ Early childhood education and opportunities</li> </ul> | <ul style="list-style-type: none"> <li>■ Expansion of behavioral health services (e.g., crisis intervention team, Narcan)</li> <li>■ Job training and education opportunities</li> <li>■ Quality health care services</li> <li>■ Resources for people with low income</li> <li>■ Social services programs</li> <li>■ Strong anchor institutions</li> </ul> |
|---|--|

Using these existing strengths and community assets, community partners can work together to improve health. When asked to name the top health concerns affecting the communities they serve, key stakeholder survey participants overwhelmingly identified *chronic conditions* (e.g., obesity, diabetes, heart disease) and issues related to *behavioral health* (e.g., mental health, substance use, trauma). Other identified issues included *community crime/violence* and *youth health concerns*. Key stakeholders' perceptions of these health concerns were in line with the secondary data statistics for the region, which showed that residents generally experience more health disparities related to these issues.



Community perception and public health data suggest many of the identified health concerns worsened in recent years because of the lingering impact of the COVID-19 pandemic (e.g., isolation, delayed health care), underlying SDoH factors, such as the rising cost of living and inequities in community experience and access to resources. Nearly 64% of key stakeholder survey participants rated *public transportation options* as “poor.” More than 70% of participants rated *healthy food access and affordability* and *housing affordability and availability* as “fair” or “poor.” Approximately 65% of participants rated *public policies that promote health for all* as “fair” or “poor.” Stakeholders highlighted the need for policies that address social drivers of health and emphasized advocacy for accountable leadership.

#### STAKEHOLDER FEEDBACK:

*“Many of my patients cannot afford healthy food options. It's much cheaper for them to get junk than the fresh food options. Perhaps a Baptist community garden managed by volunteer employees but open to the public to obtain free produce.”*

*“More free diet education needs to happen, as well as access to more affordable healthy food.”*

*“Affordable housing is a big issue everywhere in Mississippi but especially in Lafayette County.”*

*“Address transportation issues in rural areas of the state; the level of health care accessibility varies in rural communities.”*



**STAKEHOLDER FEEDBACK:**

*“Our legislative bodies fall behind the curve in many areas when it comes to health for all. Our budgets are spent in areas that serve the few and not the many. Let's work toward getting our legislators to provide funding for Medicaid expansion and more funding for the areas of Mississippi who are in desperate need of medical resources.”*

*“Interdisciplinary collaboration around public policy, affordable/accessible public transportation, food subsidies and more accessible healthy food options in rural areas, economic investment in poor communities, more early childhood investment to change generational patterns.”*

When asked which SDOH to prioritize in order to have the biggest impact on the overall health of the people they serve, more than 50% of key stakeholders selected the *ability for everyone to receive quality health care when they need it* and 46% of stakeholders selected *health literacy*. Nearly 40% of stakeholders selected *economic stability* (e.g., employment, poverty, cost of living).

### Community Challenges

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|---|--|
| <ul style="list-style-type: none"> <li>■ Care and support for growing aging population</li> <li>■ Chronic condition prevention and management</li> <li>■ Economic and health disparities for people of color and income-constrained households</li> <li>■ Growing behavioral health concerns for adults and youth</li> <li>■ Health literacy</li> <li>■ Inequities in access to health and social services (e.g., food, health care)</li> </ul> | <ul style="list-style-type: none"> <li>■ Public transportation options, especially for rural residents</li> <li>■ Opportunities for economic mobility</li> <li>■ Public policy and financial investment in systemic issues</li> <li>■ Rising cost of living and lack of affordable housing, childcare, food and other basic needs</li> <li>■ Rural disparities in access to health and social services</li> <li>■ Widespread financial insecurity</li> </ul> |
|---|--|

## Community Health Priorities

To improve community health, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs. In determining health priorities on which to focus its efforts over the next three-year cycle, Baptist's leaders reviewed findings from the CHNA and sought to align with the health care system's health improvement programs and population health management strategies.

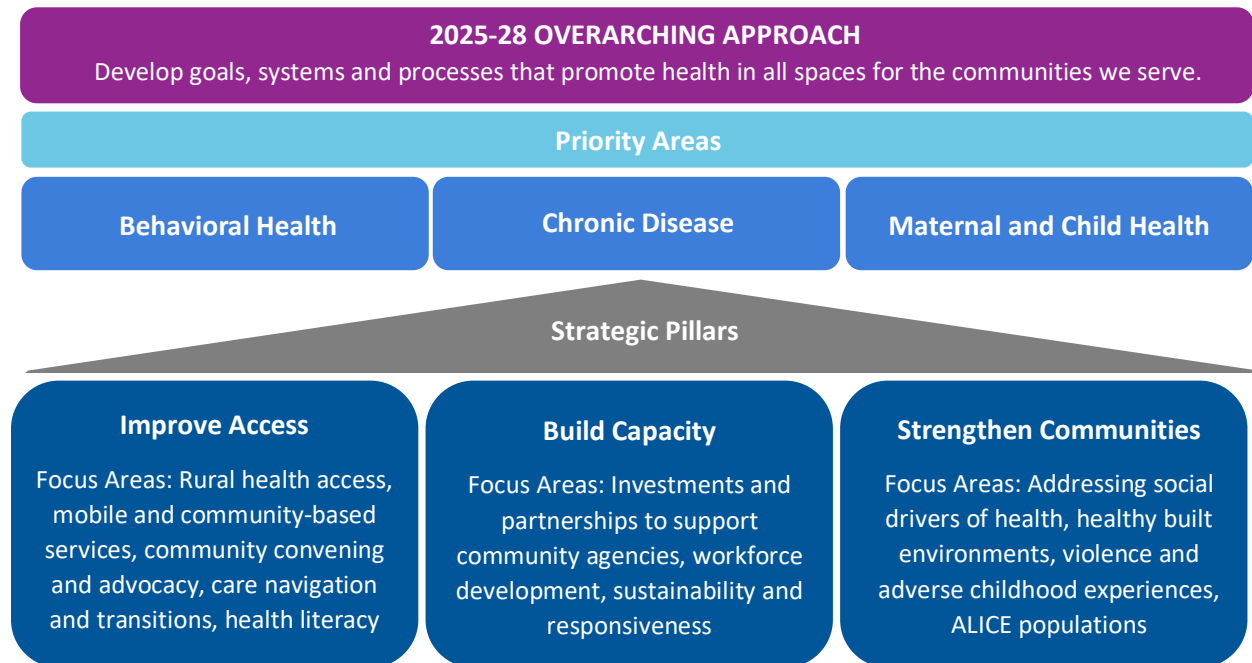
Baptist's leaders applied the following rationale and criteria to define community health priorities:

- Prevalence of disease and number of community members affected
- Rate of disease compared to state and national benchmarks
- Health differences between community members
- Existing programs, resources and expertise to address issues
- Input from community partners and representatives
- Alignment with concurrent public health and social service organization initiatives

The CHNA continued to support the following health issues as priorities across Baptist service areas:

- ▶ **Behavioral Health**
- ▶ **Chronic Disease**
- ▶ **Maternal and Child Health**

In addressing the identified priorities, Baptist outlined an overarching approach that addresses key areas of need identified in the CHNA. The approach is anchored by strategic pillars that improve access to care and services, build organizational capacity to drive change and strengthen communities.



**Identified Health Needs Not Addressed**

The CHNA consistently identifies cancer as a community health priority. While not a named priority within the CHNA, Baptist is addressing cancer as part of its broader chronic disease strategy and is committed to improving access to care and health outcomes for community members and their families affected by cancer.

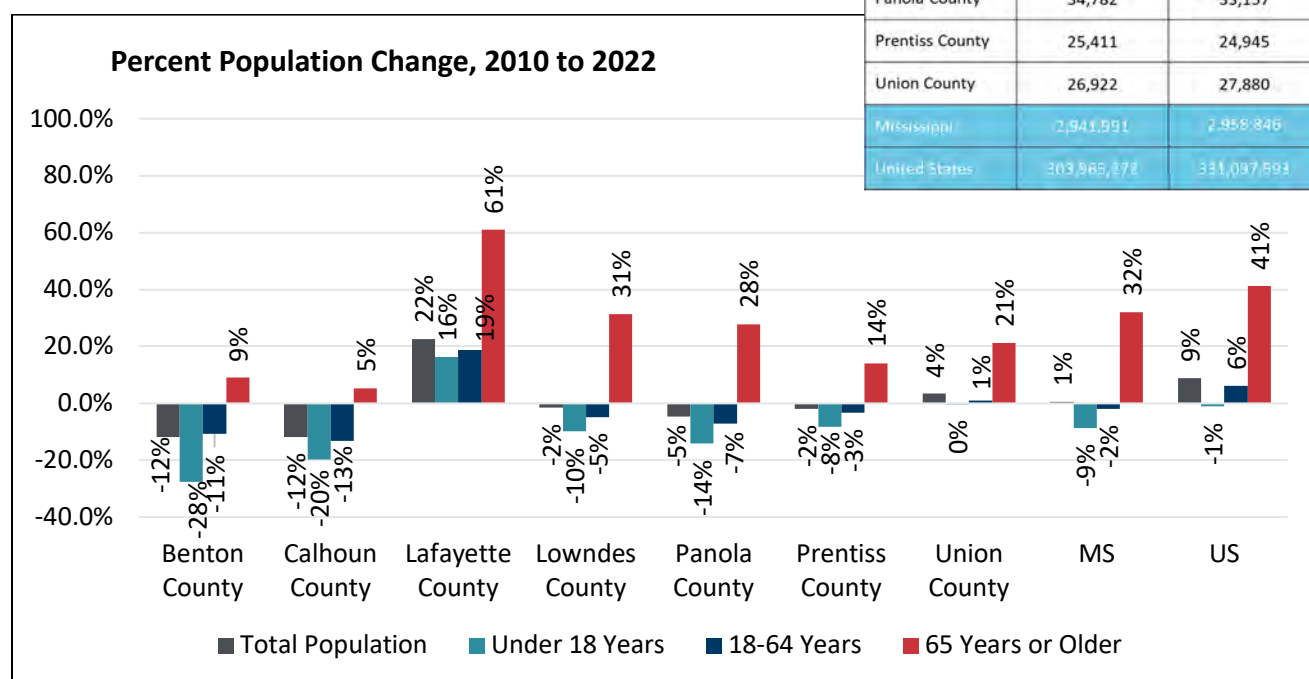
Other health issues identified by community partners as significant health needs in our service area, and not named as priorities, include older adult health concerns and community crime and violence. Baptist is considering the needs of older adults as part of its broader strategies to improve behavioral health and chronic disease. Community crime and violence are significant needs affecting residents, particularly in Baptist's metro service areas. While not a named priority, the system is reviewing strategies to address community crime and violence as part of its work to strengthen communities. Baptist will consider these areas when developing nuanced and holistic strategies to improve identified priority areas. Baptist will also continue to collaborate with organizations that work on these issues and evaluate how it can support these partners.

## Our Community and Residents

The North Mississippi service area had a total population of 221,531 in 2022. Contrary to national population growth of nearly 10%, most of the counties saw a general population decline since 2010. Lafayette County was the exception with overall population growth of 22%. These findings reflect broader statewide trends of declining population within rural communities and in-migration of residents to areas offering economic opportunity and more robust services. All counties saw growth in adults aged 65 years or older, and all counties except Lafayette saw decline in the youth population under age 18.

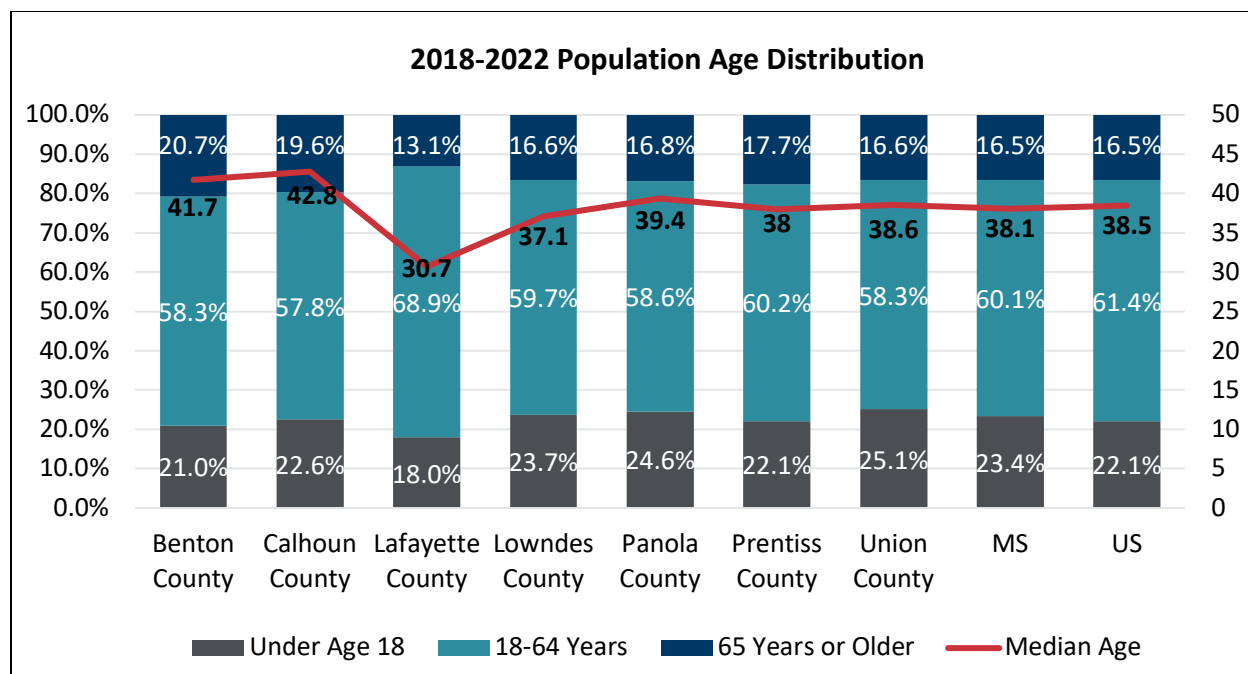
**Total Population by Year**

	2010	2022
Benton County	8,652	7,637
Calhoun County	14,945	13,193
Lafayette County	45,859	56,172
Lowndes County	59,482	58,547
Panola County	34,782	33,157
Prentiss County	25,411	24,945
Union County	26,922	27,880
Mississippi	2,941,591	2,958,846
United States	303,565,272	331,097,591



Source: U.S. Census Bureau, American Community Survey





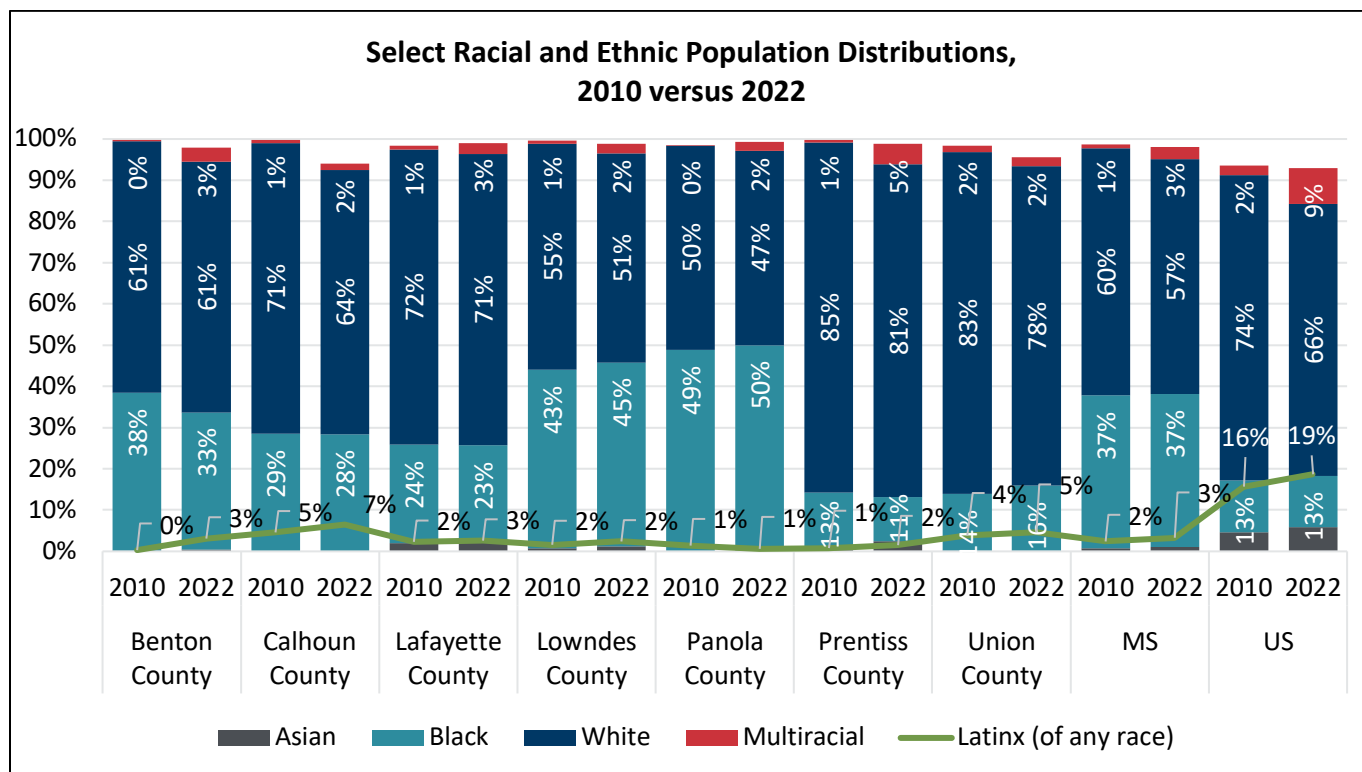
Source: U.S. Census Bureau, American Community Survey

Disability is a physical or mental condition that limits a person's movements, senses or activities. Across the nation, 13% of the population and about 33% of older adults live with a disability. Within the North Mississippi service area, experiences of disability vary by county with higher prevalence in the rural communities of Benton, Calhoun, Prentiss and Union. Notably, 50% or more of older adults in Benton and Calhoun counties may experience a disability.

2018-2022 Population With a Disability			
	Total Population	Population Under 18 Years	Population 65+
Benton County	22.4%	7.5%	49.6%
Calhoun County	22.2%	5.6%	54.1%
Lafayette County	9.5%	3.9%	28.8%
Lowndes County	11.7%	3.1%	28.2%
Panola County	17.7%	3.7%	40.2%
Prentiss County	18.0%	6.0%	44.6%
Union County	19.2%	6.1%	40.0%
Mississippi	17.2%	5.6%	40.7%
United States	12.9%	4.5%	33.3%

Source: U.S. Census Bureau, American Community Survey

Similar to national trends, population diversity is increasing across the region. People of color, particularly those that identify as Black and/or African American, Latinx and/or multiracial, make up a larger portion of the population than in prior years. Lowndes and Panola counties have the most diverse populations in the region; approximately half of residents in these communities identify as persons of color.



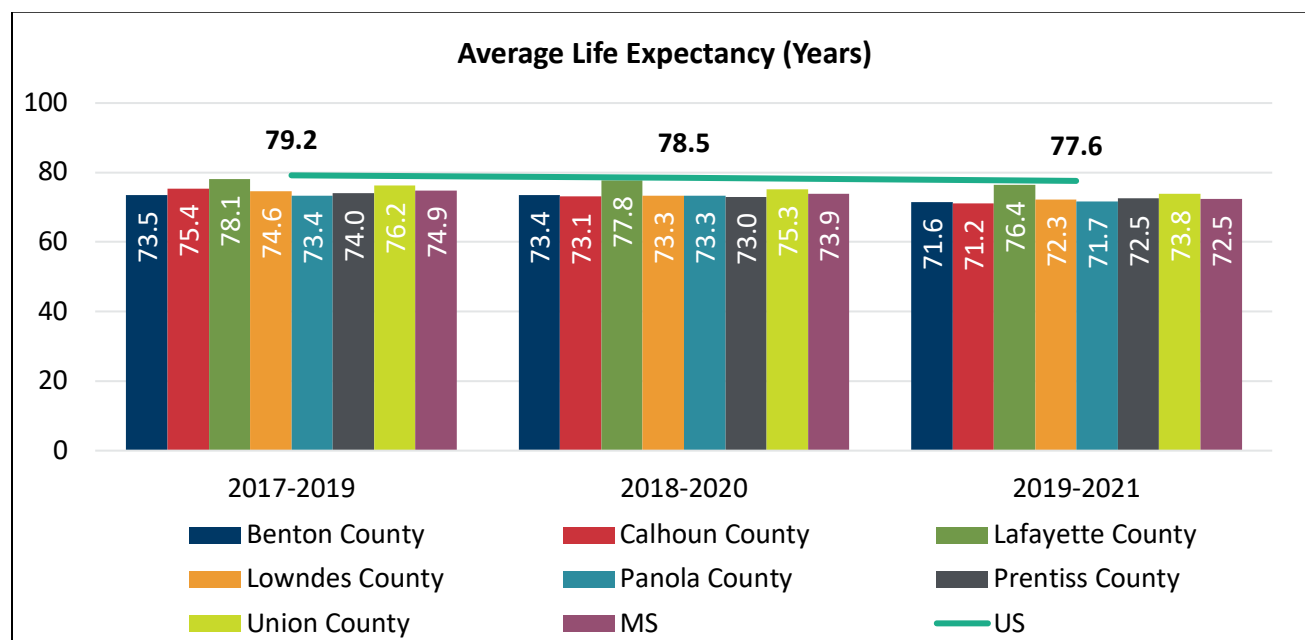
Source: U.S. Census Bureau, American Community Survey

## Measuring Health in Our Community

Life expectancy is a key measure of health and well-being within a community, often reflecting the underlying socio-economic and environmental factors. The Social Drivers of Health framework shows that at least 50% of a person's health profile is influenced by the socio-economic and environmental factors they experience. Understanding the effects of these and addressing the conditions in the places where people live are essential to improving health outcomes and advancing health equity.

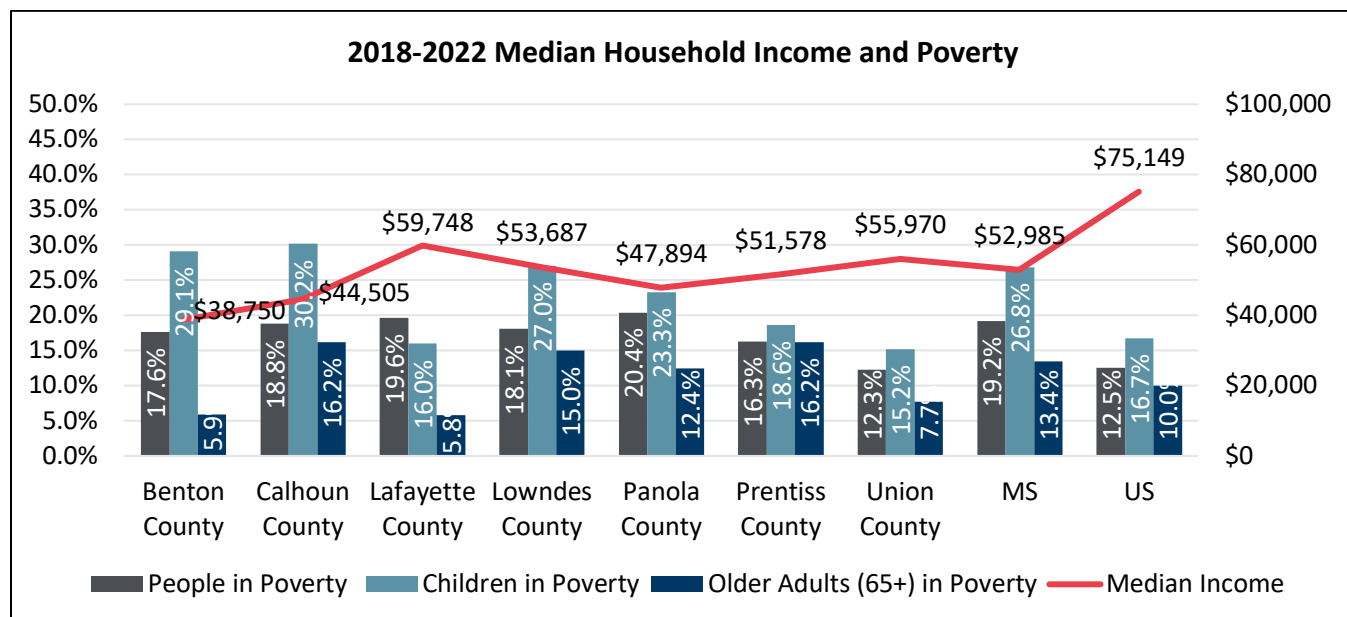
*Life expectancy measures how long people generally live within the defined geography. It is the culmination of living conditions, health status, economic security and the overall experience of residents within a community.*

Within the North Mississippi service area, residents may live an average of 71 to 76 years, compared to the national average of nearly 78 years. Residents of Lafayette County have higher average life expectancy than residents of other communities and exceed the statewide average of 72.5 years. Union County also has a higher average life expectancy than the state overall. Differences in life expectancy between service area counties reflect community-level disparities in health and social well-being.



Source: Centers for Disease Control and Prevention

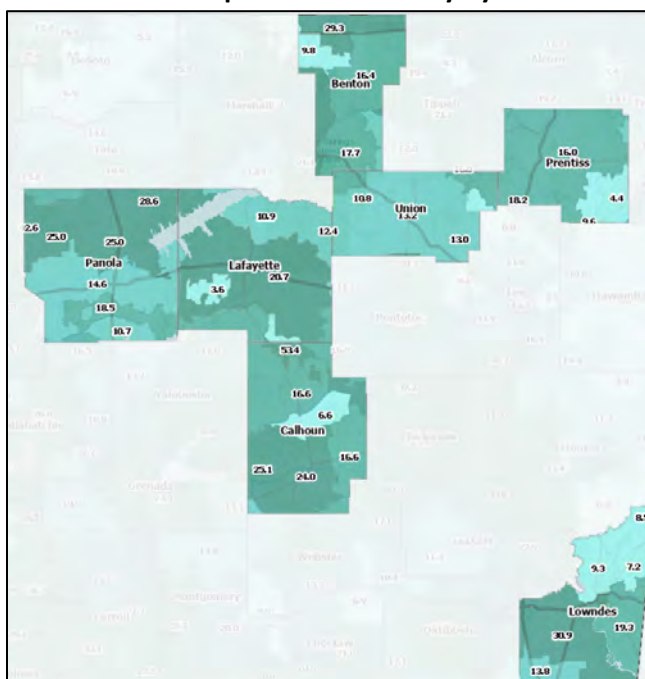
Economic indicators vary widely across service area counties, representing areas of both wealth and poverty. Consistent with past CHNAs, Lafayette and Union counties report higher median household incomes than the state and fewer people and children living in poverty\*. Mississippi state has higher poverty among all people, and all other counties generally reflect statewide trends. Notably, more than 1 in 4 children in Benton, Calhoun and Lowndes counties live in poverty.



Source: U.S. Census Bureau, American Community Survey

\*Overall poverty skews higher in Lafayette County due to university students who report little or no income.

### 2018-2022 Population in Poverty by ZIP Code



Source: U.S. Census Bureau, American Community Survey



The Health Resources and Services Administration Unmet Need Score (UNS) helps in allocation of resources — including primary and preventive health care services — across communities with higher unmet need based on social, economic and health status. The UNS evaluates ZIP codes using a weighted sum of 28 health and social measures with values ranging from 0 (least need) to 100 (greatest need).

North Mississippi service area ZIP codes with a UNS value exceeding 70, meaning greater unmet need, are depicted below, along with select SDOH indicators.

**North Mississippi Service Area ZIP Codes With an Unmet Need Score Exceeding 70  
(Out of Maximum of 100) and Select Social Drivers of Health Indicators (Years 2018-2022)^**

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	UNS Score
Benton County	17.6%	29.1%	22.0%	13.8%	
38633, Hickory Flat	17.7%	14.0%	19.9%	24.1%	91.78
38647, Michigan City	29.3%	90.3%	45.9%	21.8%	78.53
Calhoun County	18.8%	30.2%	21.7%	11.5%	
38913, Banner	53.3%	59.5%	23.6%	26.4%	86.92
38878, Vardaman	16.6%	29.0%	27.4%	14.9%	84.86
38916, Calhoun City	24.0%	44.7%	25.4%	10.5%	81.74
38914, Big Creek	25.1%	36.3%	21.1%	12.8%	77.10
Lafayette County	19.6%	16.0%	8.2%	9.1%	
38601, Abbeville	10.9%	26.8%	5.4%	19.2%	75.04
Lowndes County	18.1%	27.0%	12.0%	10.6%	
39702, Columbus	19.3%	30.7%	11.7%	11.8%	84.78
39743, Crawford	13.8%	23.4%	18.4%	2.3%	79.48
Panola County	20.4%	23.3%	18.1%	13.6%	
38621, Crenshaw	42.6%	77.4%	25.8%	17.6%	100.00
38666, Sardis	25.0%	30.8%	22.9%	23.6%	94.08
38619, Como	28.6%	38.1%	34.9%	12.8%	89.83
38620, Courtland	18.5%	22.7%	5.9%	13.8%	85.17
38606, Batesville	14.6%	12.6%	12.7%	10.9%	80.35
Prentiss County	16.3%	18.6%	16.5%	8.8%	
38824, Baldwyn	18.2%	18.6%	17.7%	10.5%	77.10
38829, Booneville	16.0%	18.6%	16.1%	8.4%	71.31
Union County	12.3%	15.2%	22.4%	10.1%	
38627, Etta	12.4%	14.5%	10.5%	13.5%	75.62
38650, Myrtle	10.8%	16.5%	28.7%	9.7%	72.04
38652, New Albany	13.2%	18.1%	22.1%	9.9%	70.86
Mississippi	19.2%	26.8%	13.7%	11.8%	

Source: Health Resources and Services Administration and U.S. Census Bureau, American Community Survey

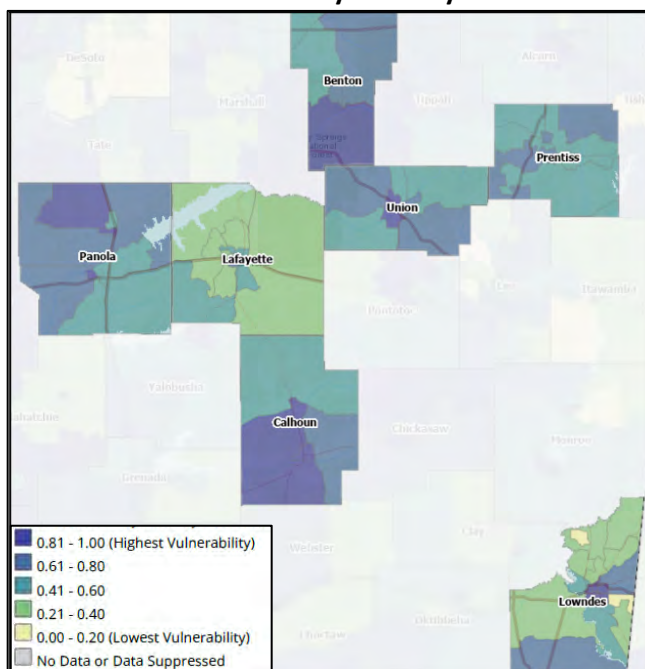
^Select SDOH indicators are shown to illustrate measures that influence the calculation of the Unmet Need Score.

The Social Vulnerability Index (SVI) goes a level deeper than the UNS to demonstrate vulnerability to health disparities at a census tract level. The SVI scores census tracts from 0.0 (lowest) to 1.0 (highest) vulnerability based on factors, such as poverty, lack of transportation and overcrowded housing.

*Census tracts are small geographic regions defined for the purpose of taking a census and to be relatively homogeneous in terms of population characteristics, economic status and living conditions. Census tracts typically contain between 1,500 and 8,000 people.*

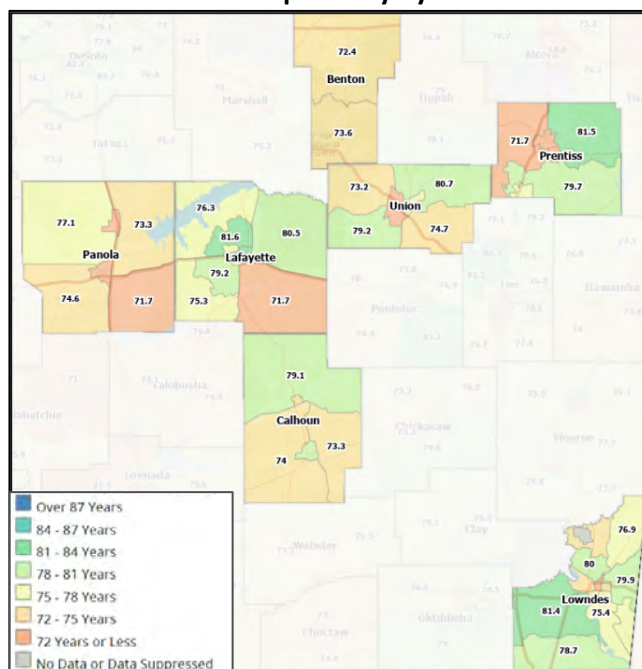
Examining the SVI in conjunction with average life expectancy demonstrates how social drivers of health affect health outcomes. Moderate to high SVI values exist in all service area counties, demonstrating widespread social vulnerabilities that correlate with lower average life expectancy. Within service area counties, historical data indicates potential for as much as a 10-year difference in average life expectancy between communities with the lowest and highest averages. While average life expectancy reflects historical data, SVI values are reported as recently as 2022.

**2022 Social Vulnerability Index by Census Tract**

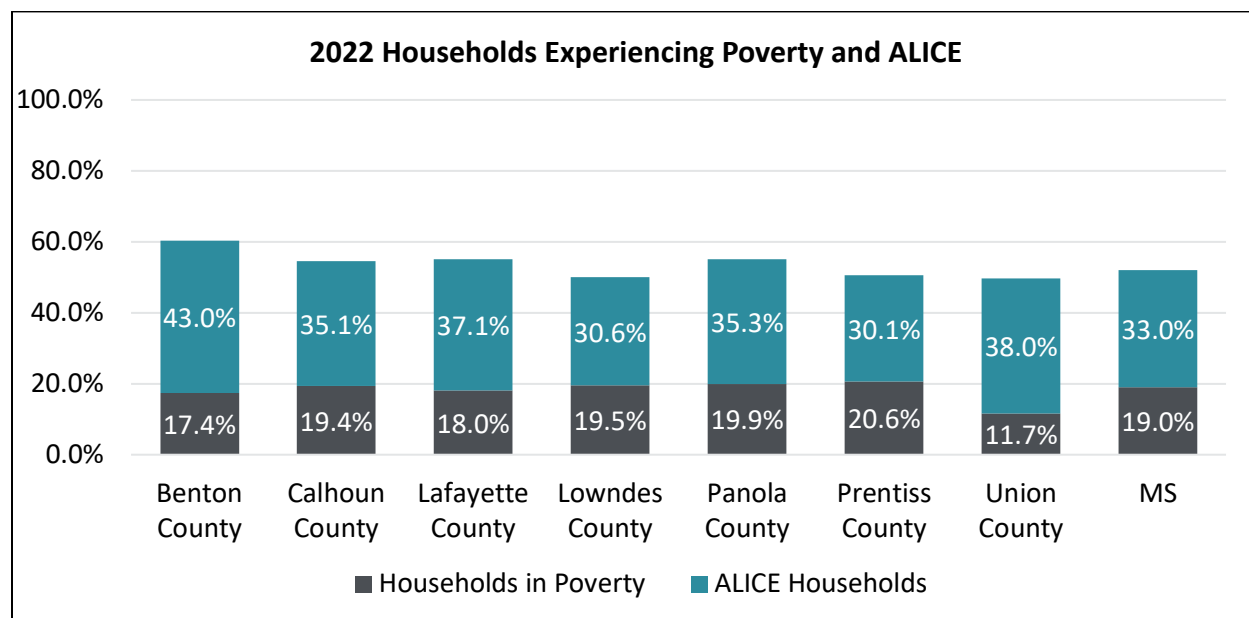


Source: Centers for Disease Control and Prevention

**2010-2015 Life Expectancy by Census Tract**



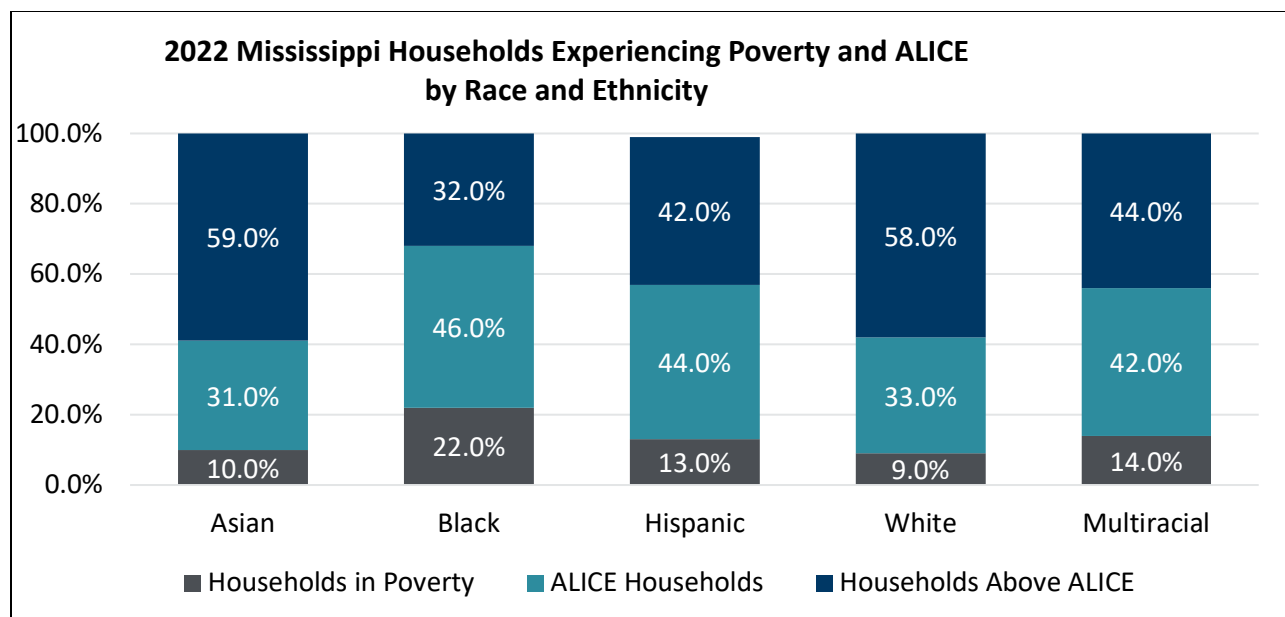
A growing number of families have income above the federal poverty level, but below the threshold necessary to meet basic needs. ALICE stands for **Asset Limited Income Constrained Employed** and represents working households that can't afford all the basics of housing, childcare, food, transportation, health care and technology. While the number of people living at or below the poverty level has declined, the number of ALICE households has increased nationwide, corresponding with rising costs of living. Across the North Mississippi service area, approximately one-third or more households are ALICE. When combined with households living in poverty, half or more households in all counties experience financial hardship. In Benton County, 60% of households experience financial hardship.



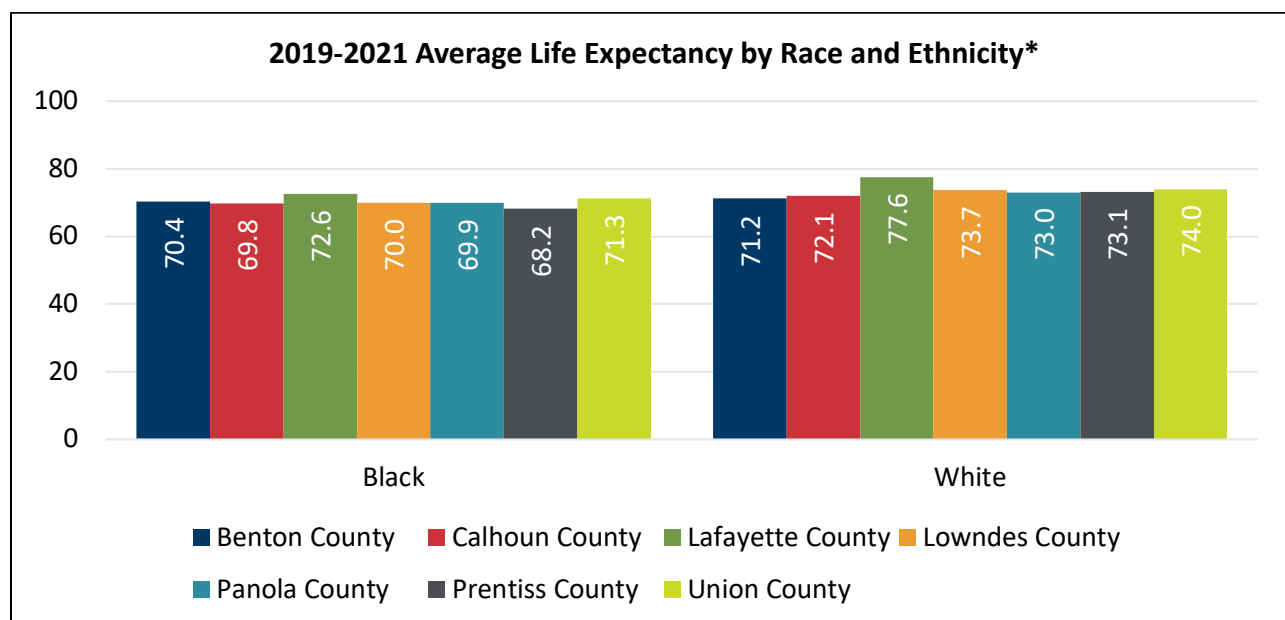
Source: United for ALICE

Financial hardship does not affect all people equally. Financial hardship rates differ substantially by race and ethnicity across Mississippi due to persistent and systemic racism, discrimination and geographic barriers that limit many families' access to resources and opportunities for financial stability.

These longstanding disparities have contributed to significant differences in health and well-being for people of color. Across the North Mississippi service area, Black and/or African American residents have a lower average life expectancy than white residents living in the same community. In Lafayette and Prentiss counties, Black and/or African American residents may live an average of five years less than their white counterparts.



Source: United for ALICE



Source: National Vital Statistics System

\*Data provided by race and ethnicity as available.

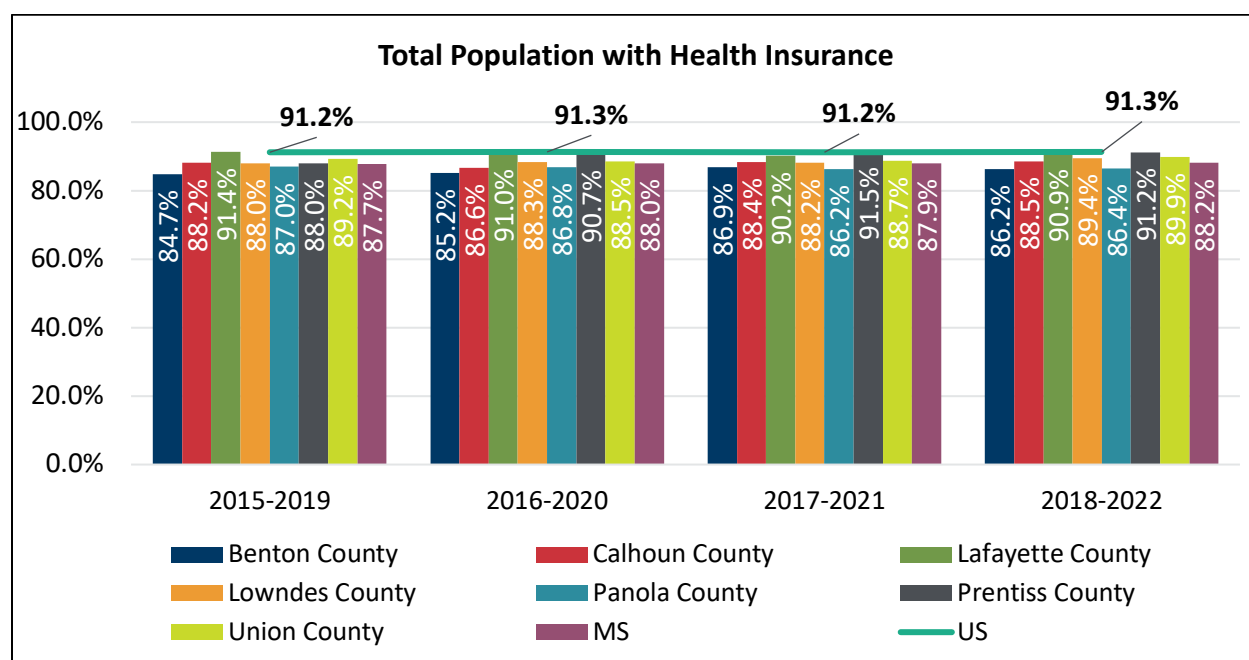


## Community Health Needs

The CHNA is a comprehensive study of health and socioeconomic indicators for the region. The following section highlights key health and well-being needs as determined by secondary data statistics and community stakeholder feedback.

### Access to Care and Services

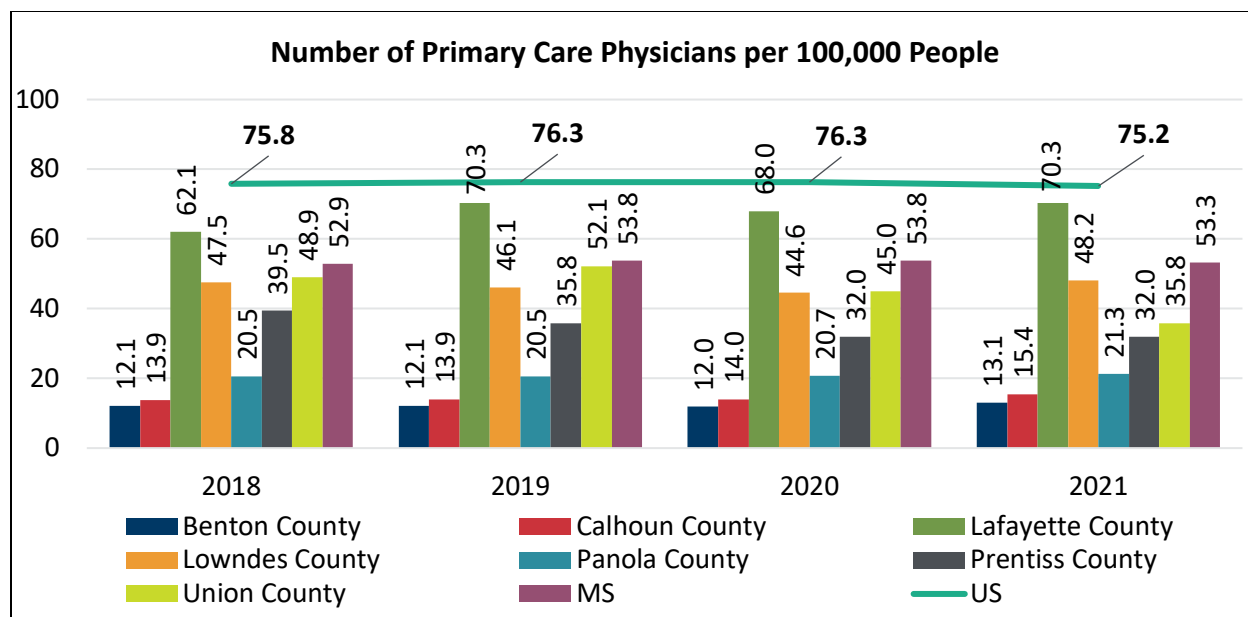
Health insurance coverage remained stable across the service area with approximately 90% of residents covered in 2022 compared to 91% of residents nationwide. Benton and Panola counties had a lower proportion (86%) of residents with health insurance coverage. Access to primary care trends are better than the national average with approximately 75.9%-78.9% of adults receiving routine primary care compared to 74.2% of adults nationwide.



Source: U.S. Census Bureau, American Community Survey

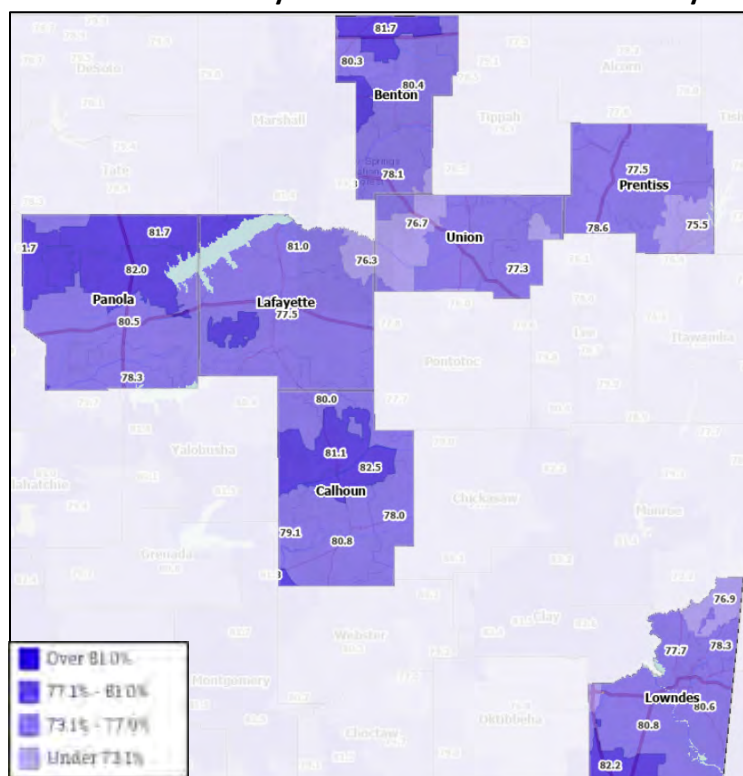
Having health insurance does not guarantee access to health care when residents need it. Provider availability and acceptance of insurances, distance and ability to travel to care, ability to pay for out-of-pocket costs and other barriers reduce residents' ability to receive health care when they need it.

Across most of the service area, except Lafayette County, the number of primary care physicians per 100,000 residents is significantly lower than state and national averages. Benton, Calhoun and Panola counties are high needs Health Professional Shortage Areas (HPSA) for primary care. All other counties, including Lafayette County where there is more provider availability, are HPSAs for people with low income.



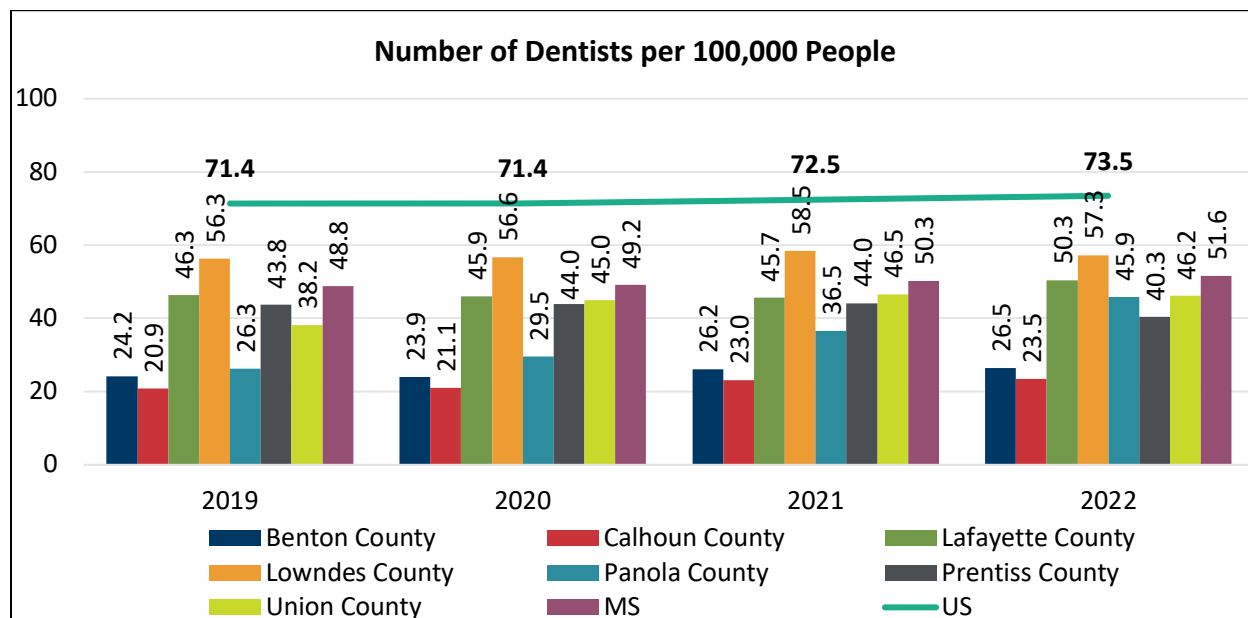
Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services

### 2022 Adults With a Primary Care Visit Within the Past Year by ZIP Code



Source: Centers for Disease Control and Prevention

Access to dental care is also limited in the service area. All counties except Lowndes reported fewer dentists per 100,000 residents than the state and nation. Benton, Calhoun and Lafayette counties are high needs HPSAs for dental care. Lowndes, Panola and Prentiss counties are HPSAs for people with low income.



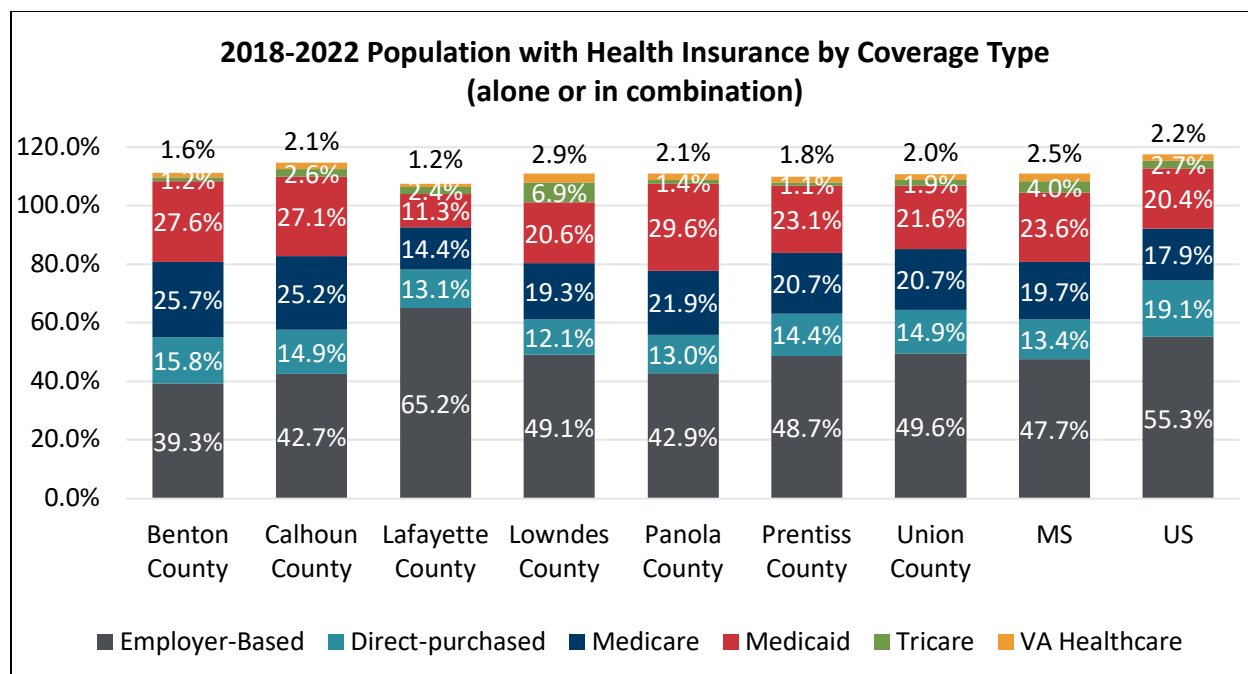
Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services

Cost of care is a significant barrier to health care. Across the service area, excluding Lafayette County, approximately one-quarter of insured residents have Medicaid, the government health coverage available to eligible people with low income. Low-income and ALICE families, especially in rural areas, face barriers such as limited transportation, digital access and benefit literacy — making it difficult to attend appointments, use telehealth or apply for assistance. Inflation has driven many families to depend on food pantries and even those with insurance often can't afford co-payments or necessary medications.

#### STAKEHOLDER FEEDBACK:

*“Even patients we see with insurance they are not able to afford their co-pays or their health is to the point they need medications that are, you know, super expensive.”*

*“Patients just don't have the transportation available to them, or just with the economy. They're not able to get their car fixed right now because of other things that are taking priority.”*



Source: U.S. Census Bureau, American Community Survey

Transportation is a key limiting factor for accessing care and other resources, especially for residents in more rural areas. The region has limited public transportation options. Community stakeholders noted that areas that experience more social vulnerability generally have lower land and property costs; they perceived that people are moving to where they can afford to live, often sacrificing easy access to care and services.

#### STAKEHOLDER FEEDBACK:

*“Provide mass transport especially for impaired and elderly.”*

*“Public transportation is non-existent.”*

*“Public transportation closest to us is limited almost entirely to MATA in Memphis metro, and there are no opportunities that cross state lines.”*

Several structural and systemic barriers contribute to overall community access issues. Rural residents and older adults frequently lack internet access or digital literacy, making it difficult to access virtual services or manage benefits. Many individuals are unaware of what services exist, or how to qualify, leading to missed opportunities for care. Consent and documentation challenges, especially for older adults without family support, often stall long-term care decisions.

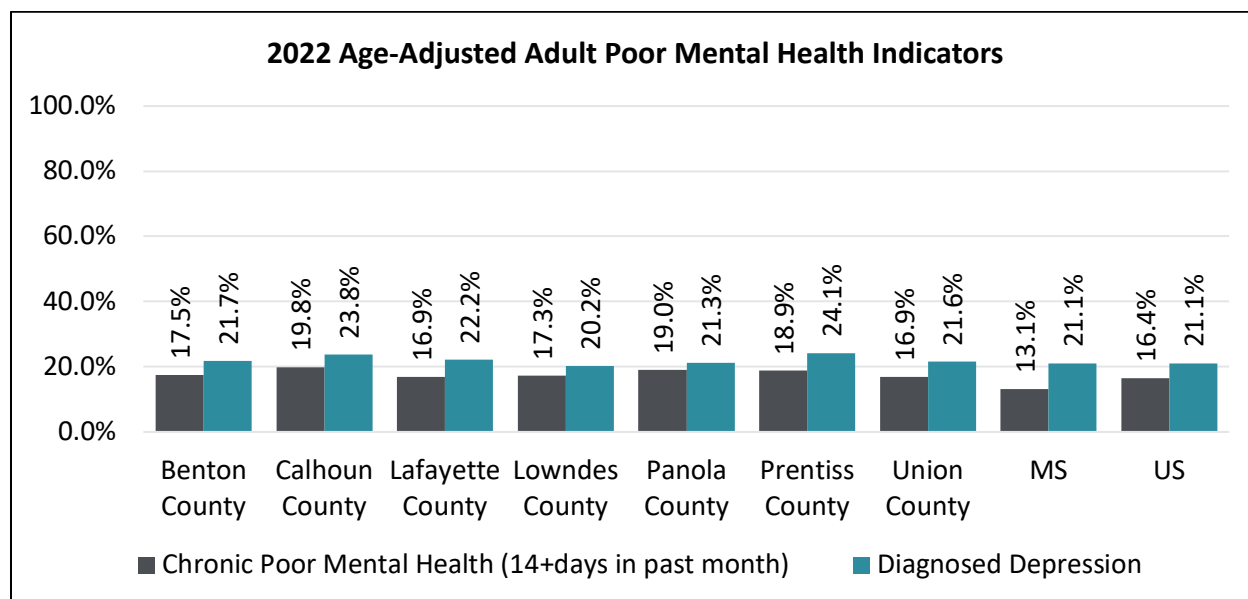
Mistrust in the medical system, worsened by the COVID-19 pandemic, remains a barrier for some individuals. Some faith leaders shared that their congregants often felt uninformed about patient rights and hospital procedures, especially during medical crises or when facing complex diagnoses. They expressed a desire for health care providers to provide more communication and education on the topic.

### Community Recommendations to Improve Access to Care

- Address medication access by helping patients locate available prescriptions and navigate shortages or cost barriers.
- Create regular opportunities for local groups, health care representatives, church leaders, nonprofits and service providers to meet, build partnerships, share resources and coordinate efforts.
- Enhance transparency and patient education by providing clear information to patients about their rights, available services and how to file concerns or complaints.
- Explore affordable and accessible temporary lodging while away from home for medical reasons.
- Explore solutions to expand transportation options for rural residents and older adults.
- Explore solutions to the technology aptitude gap for older adults, which limits their access to health care portals and information.
- Improve residents' literacy in benefits, health care navigation and crisis response.
- Increase outreach and visibility of existing hospital services through better marketing and community engagement, ensuring people know what help is available.
- Invest in care options for uninsured and underinsured residents.
- Organize volunteer networks across churches and community groups to fill service gaps and support residents in need.
- Provide mobile and school-based health clinics to reach communities underserved by health care services.
- Strengthen care coordination by fostering better communication between primary care providers and specialists within Baptist.

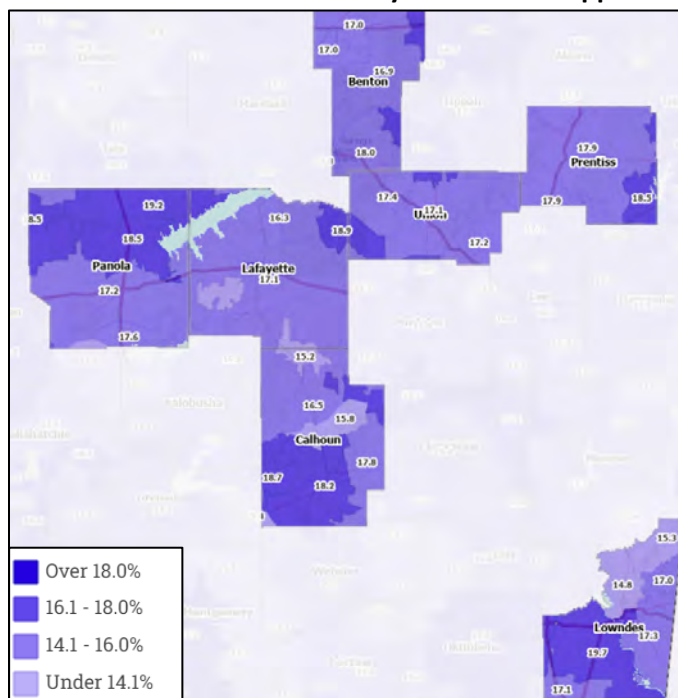
## Behavioral Health

Mental distress is a growing health concern across the service area, state and nation. In 2022, nearly 1 in 5 adults across the North Mississippi service area reported chronic poor mental health (14 or more days of poor mental health in the past month), and nearly 1 in 4 adults reported a diagnosed depression disorder. Residents in areas with more social vulnerability (e.g., poverty) such as Calhoun, Lowndes and Panola counties also experience more frequent mental distress.



Source: Centers for Disease Control and Prevention

## 2022 Adults With Chronic Poor Mental Health by North Mississippi Service Area ZIP Code



Source: Centers for Disease Control and Prevention



Mental health crises are becoming more frequent and more complex, with an increase in calls to crisis hotlines and after-hours emergencies. Youth are particularly affected, and face a growing burden of depression, identity challenges, bullying and thoughts of suicide. Veterans and first responders, particularly men, continue to struggle silently with PTSD or anxiety and are reluctant to seek help. The number of unhoused people with behavioral health challenges is also on the rise, making it increasingly difficult to maintain a consistent continuum of care. Aging individuals are increasingly isolated, especially those estranged from family and lacking caregivers or legal decision-makers.

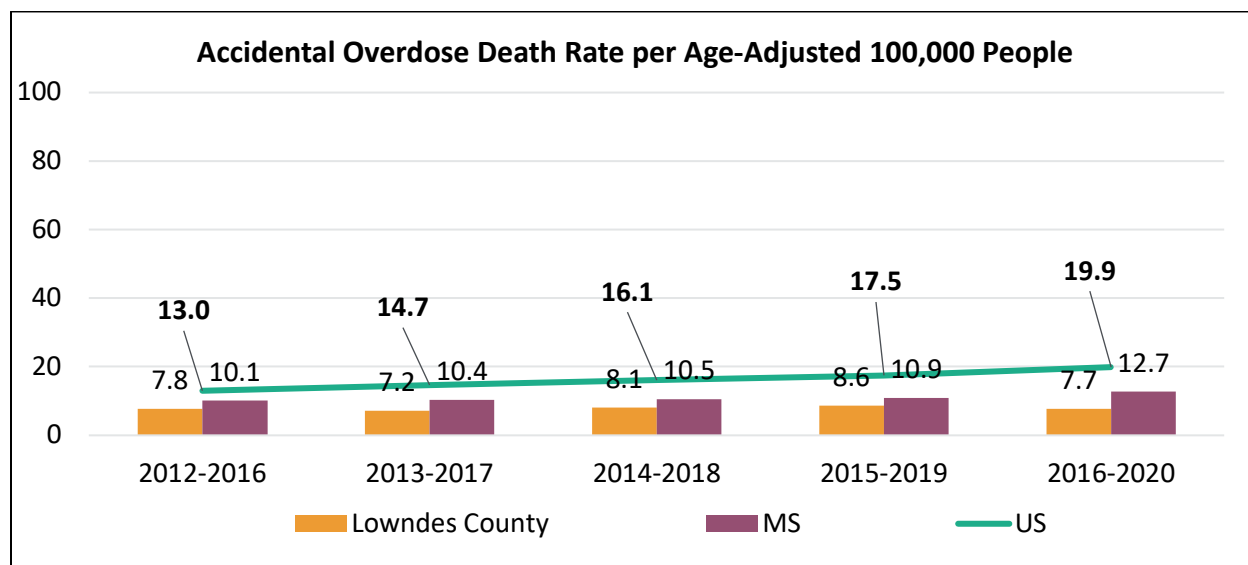
#### STAKEHOLDER FEEDBACK:

*"The families they're together, and they're experiencing a lot of the crisis together. And everyone needs to be aware of what's going on with their loved ones, so we can determine what assistance they will need if they have a mental breakdown or just need some of the basic needs, anything we can do to remove those barriers."*

*"It's a great program to have in place for young people so they can talk to each other and learn what to say when their friend is facing a crisis. And also they can recognize those signs within themselves when they have challenging times."*

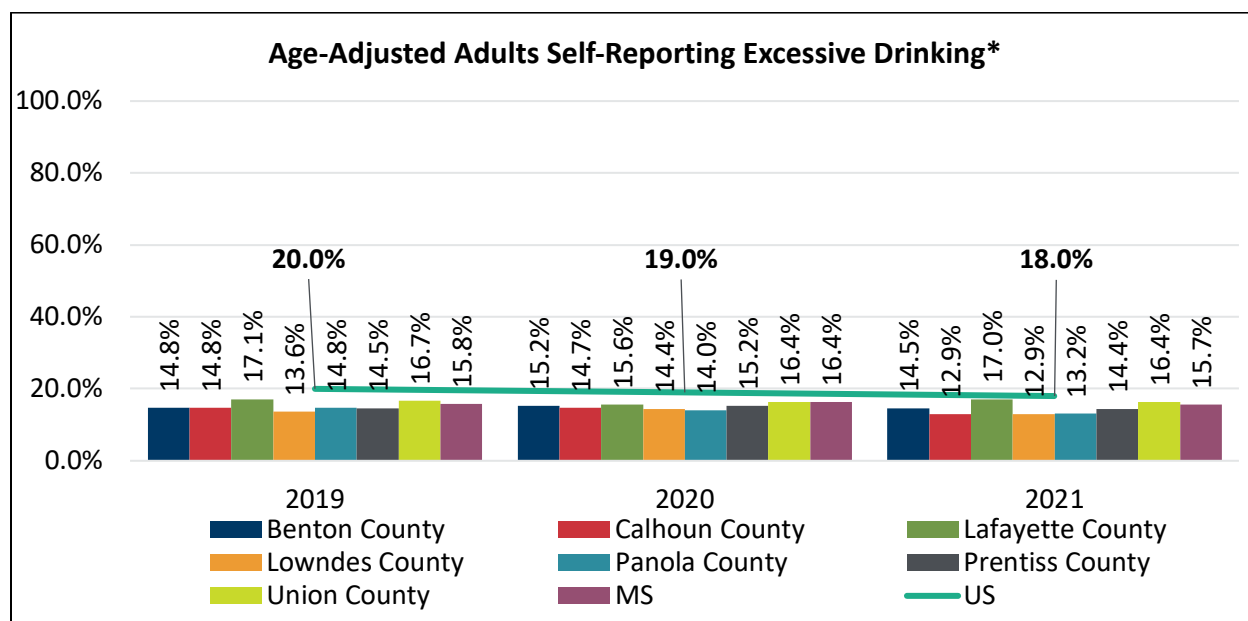
*"Also with the veterans and first responders, you know, facing PTSD, anxiety and isolation. They're strong people, in a sense, and they're the ones we look up to, and oftentimes they don't want to share what's going on."*

Mental health and substance use disorders are often co-occurring conditions. Within the North Mississippi service area, the accidental overdose death rate is only reported for Lowndes County because of low death counts in other counties. The accidental overdose death rate has been generally stable for Lowndes County and lower than statewide and national death rates. Annual increases in the death rate across Mississippi through 2020 should continue to be monitored for localized needs.



Source: Centers for Disease Control and Prevention

Recent measures of alcohol use disorder indicate growing need within the community. The region has historically had fewer adults reporting excessive drinking, including heavy and binge drinking, than the state and nation, but all counties apart from Lafayette County, saw an increase in this behavior in 2021.



Source: Centers for Disease Control and Prevention

\*Includes heavy and binge drinking.

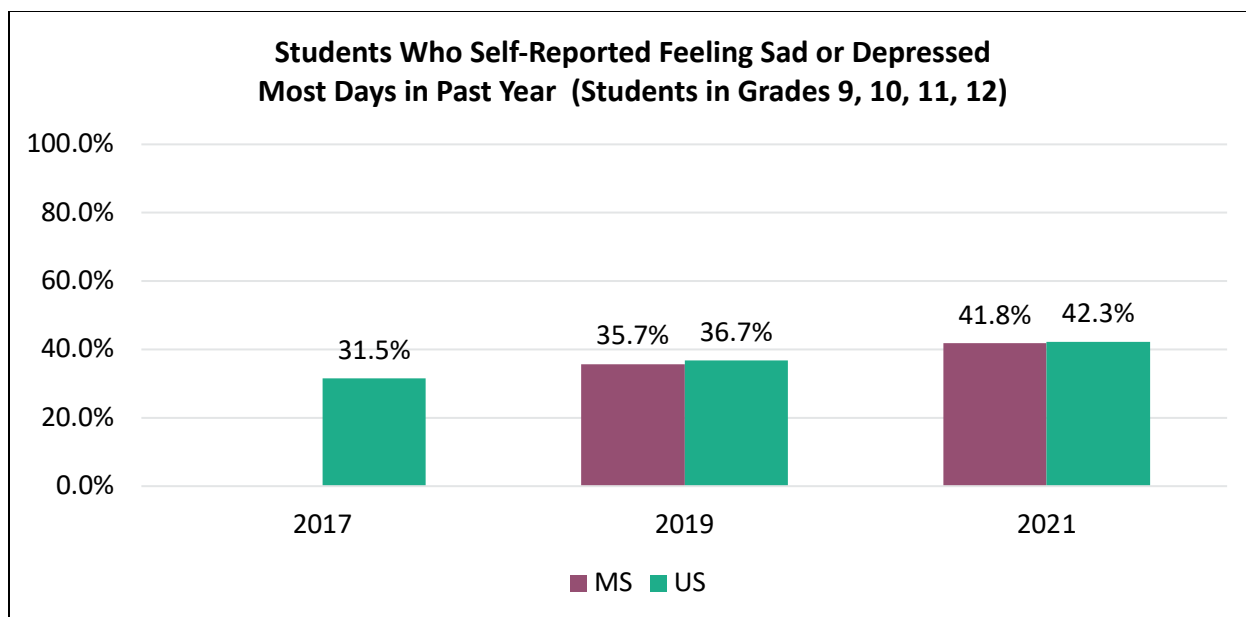
Youth were perceived by key stakeholder survey participants as one of the most at-risk populations for behavioral health concerns, largely due to COVID-19 impacts (e.g., isolation, developmental delays) and the effects of the opioid crisis on parents and other caregivers.

In 2021, more than 40% of high school students statewide reported feeling consistently sad or depressed. The most recent data for 2021 indicates that 16.2% of Mississippi students reported an attempted suicide compared to 10% of students nationwide. Self-reported cigarette and e-cigarette use by high school students is also generally higher in Mississippi compared to the nation. Key stakeholders noted that many students in recent years have struggled with socialization and academic readiness which are likely to influence students' mental health.

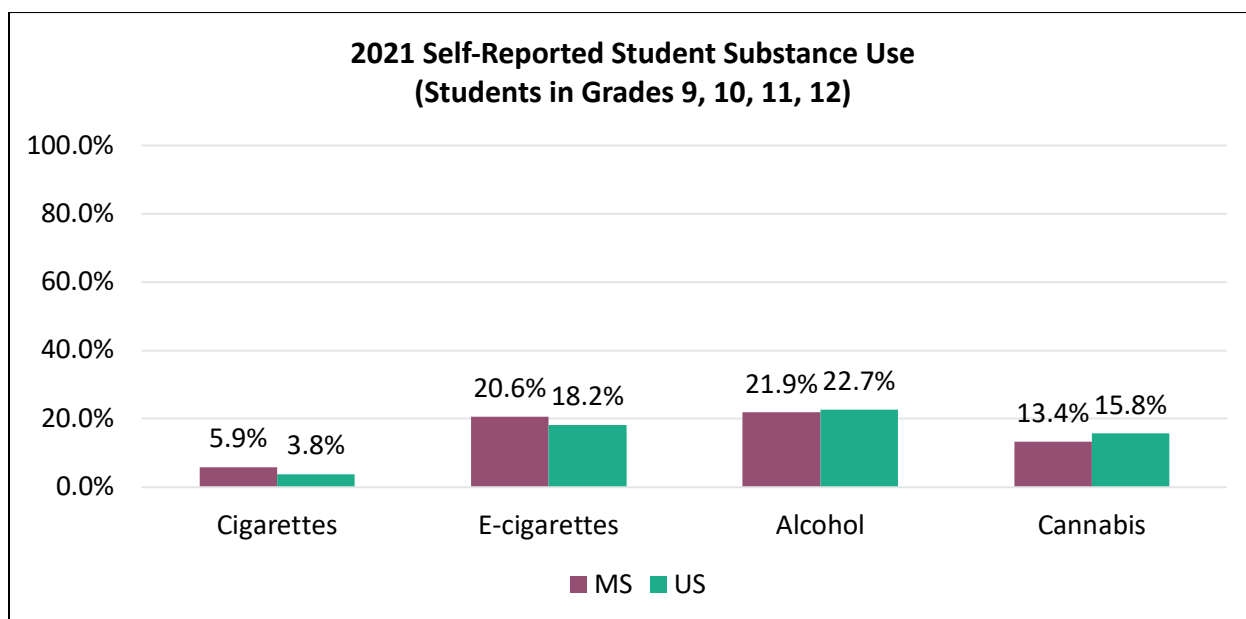
#### STAKEHOLDER FEEDBACK:

*"Caliber of students has changed a lot since COVID-19"*

*"What I'm hearing from young people is there's a lack of mental health services in this area, huge lack. And every time I try to find a resource, they say, well, they have to be on insurance, and insurance never covers mental health insurance."*

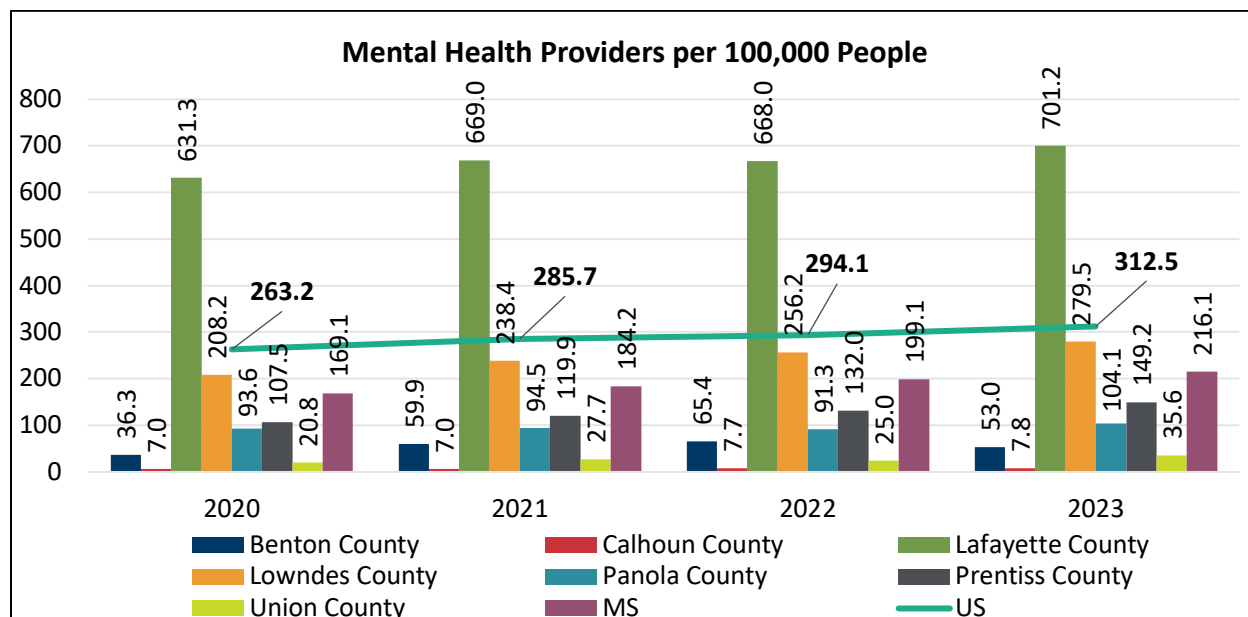


Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

Availability of mental health and substance use disorder providers has increased across the service area. Services are concentrated in Lafayette County, although the county is still considered a HPSA. Provider rates outside of Lafayette County are significantly lower than state and/or national benchmarks. Benton and Union counties are high needs HPSAs due to lower provider availability and/or higher poverty levels experienced by residents. Calhoun County is an HPSA for all residents.



Source: Centers for Medicare & Medicaid Services

\*Includes those specializing in psychiatry, psychology, mental health, addiction or counselling.

### Community Recommendations to Improve Behavioral Health

- Advocate for higher reimbursement for behavioral health providers to improve recruitment and retention.
- Elevate and expand successful initiatives, such as the crisis intervention team.
- Expand extended-stay facilities to serve people with acute or chronic mental and substance use disorders.
- Foster safe, inclusive environments for families and youth to talk about behavioral health and access support; leverage events and informal settings (e.g., health fairs, churches, support groups) to break down stigma and misinformation.
- Increase awareness of available services; leverage trusted messengers within communities to bridge information gaps and normalize conversations about behavioral health.
- Increase mental health resources (e.g., youth counseling, grief counseling, outpatient care).
- Invest in youth engagement and empowerment, particularly peer-to-peer mental health initiatives (e.g., Open Up Mississippi).
- Provide community education for social media resiliency and smart consumer habits.

## Chronic Disease Prevention and Management

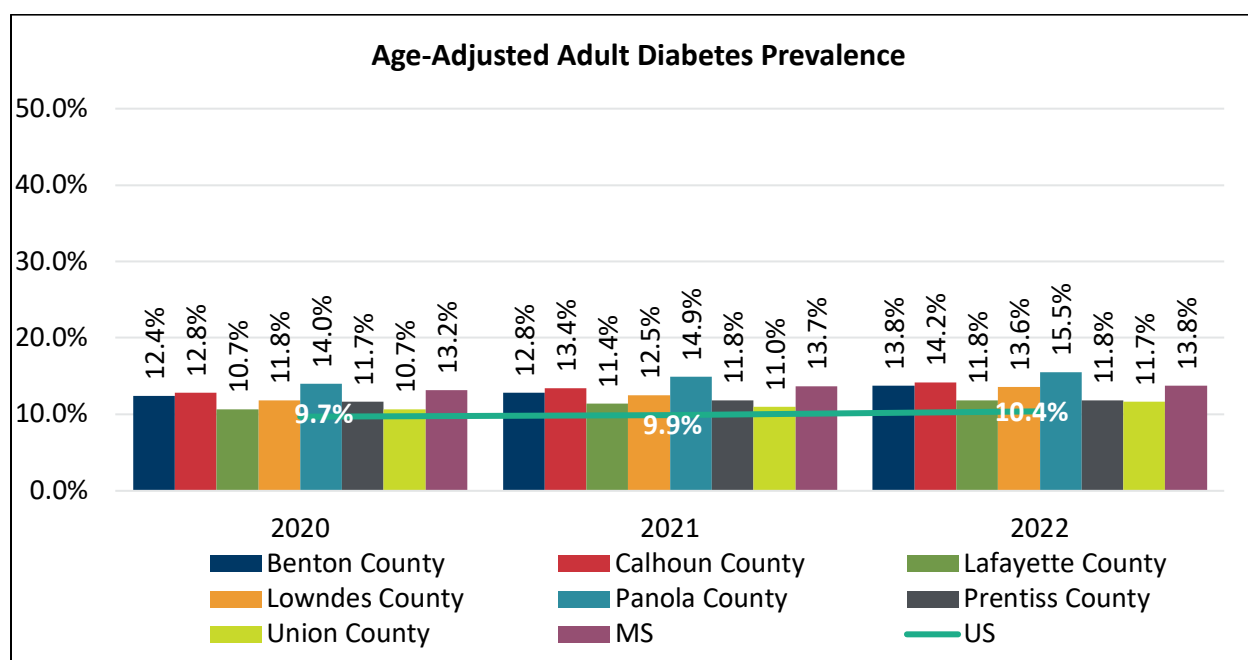
Residents of the North Mississippi service area have higher prevalence and death rates due to chronic disease, largely due to underlying socioeconomic disparities. Key stakeholder survey participants emphasized the need for more wellness-focused strategies in the service area to shift from treating disease to preventing it. Suggestions included community wellness programs (e.g., nutrition education, community fairs to promote resource education and health literacy); access to affordable healthy foods and recreation opportunities and more funding and support for community health and social service organizations to increase their capacity.

### STAKEHOLDER FEEDBACK:

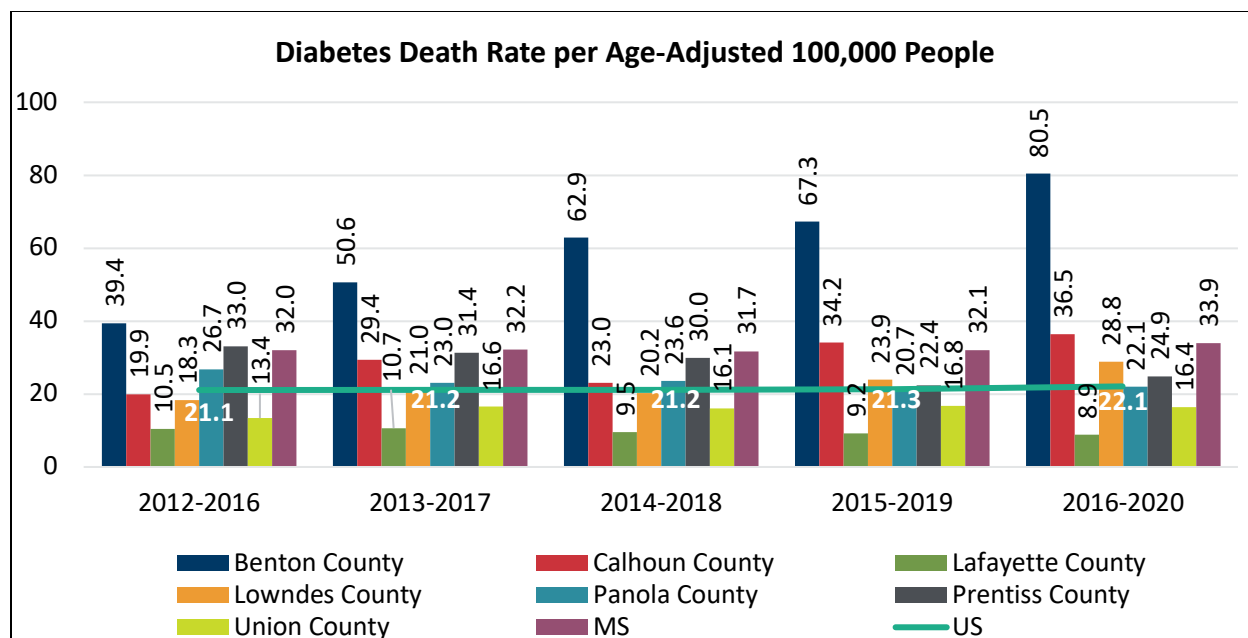
*"Many of my patient's cannot afford healthy food options. It's much cheaper for them to get junk than the fresh food options. Perhaps a Baptist community garden managed by volunteer employees but open to the public to obtain free produce."*

Diabetes prevalence increased across the nation and in the service area since 2020. Mississippi residents are more likely to be diagnosed with diabetes than their peers nationwide. Calhoun and Panola counties have higher diabetes prevalence than other counties in the service area and the state.

Aside from Lafayette, Panola and Union counties, residents in the service area also have a higher rate of death due to diabetes when compared to the nation indicating more disease management barriers. Benton County had a diabetes death rate of 80.5 per 100,000 in 2020, more than two times higher than the statewide rate of death. The rate of death increased across the service area in 2020, likely due in part to the pandemic-related delays in care and should continue to be monitored when more recent data is made available.

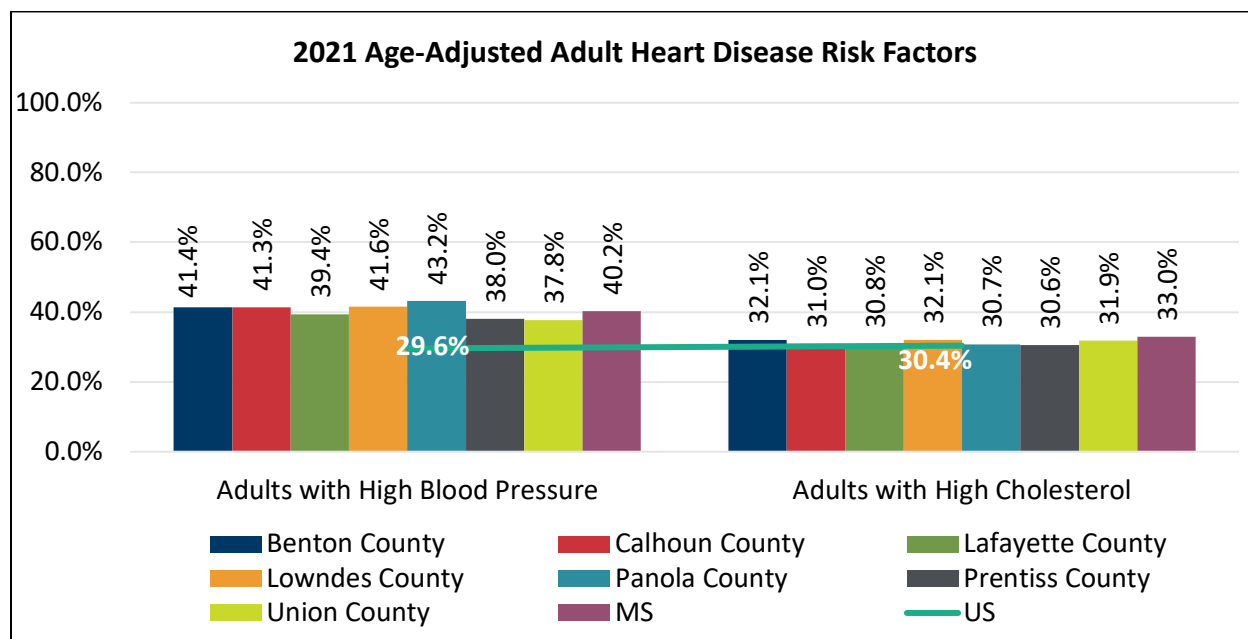


Source: Centers for Disease Control and Prevention



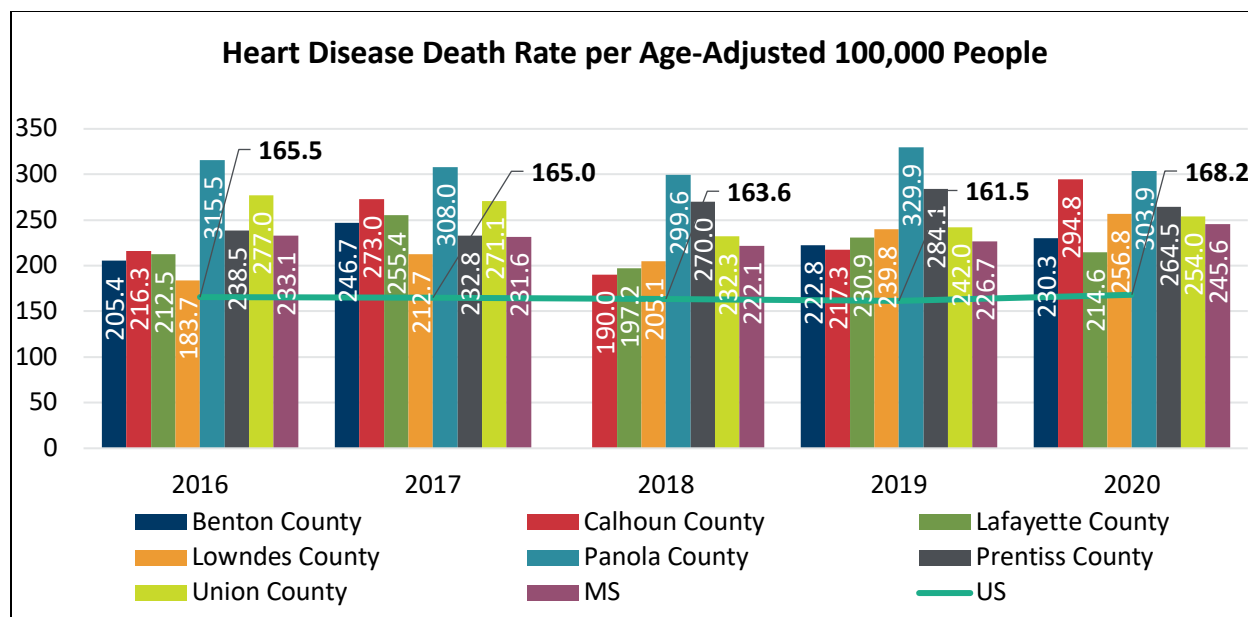
Source: Centers for Disease Control and Prevention

Heart disease prevention efforts are needed across the service area, particularly to address concerns of high blood pressure. More than 40% of adults in all counties except Prentiss and Lafayette have been diagnosed with high blood pressure. Like diabetes death rate trends, heart disease death rates are generally higher in the service area compared to the nation. Panola County had a heart disease death rate of 303.9 per 100,000 in 2020, compared to the statewide rate of death of 245.6 per 100,000.



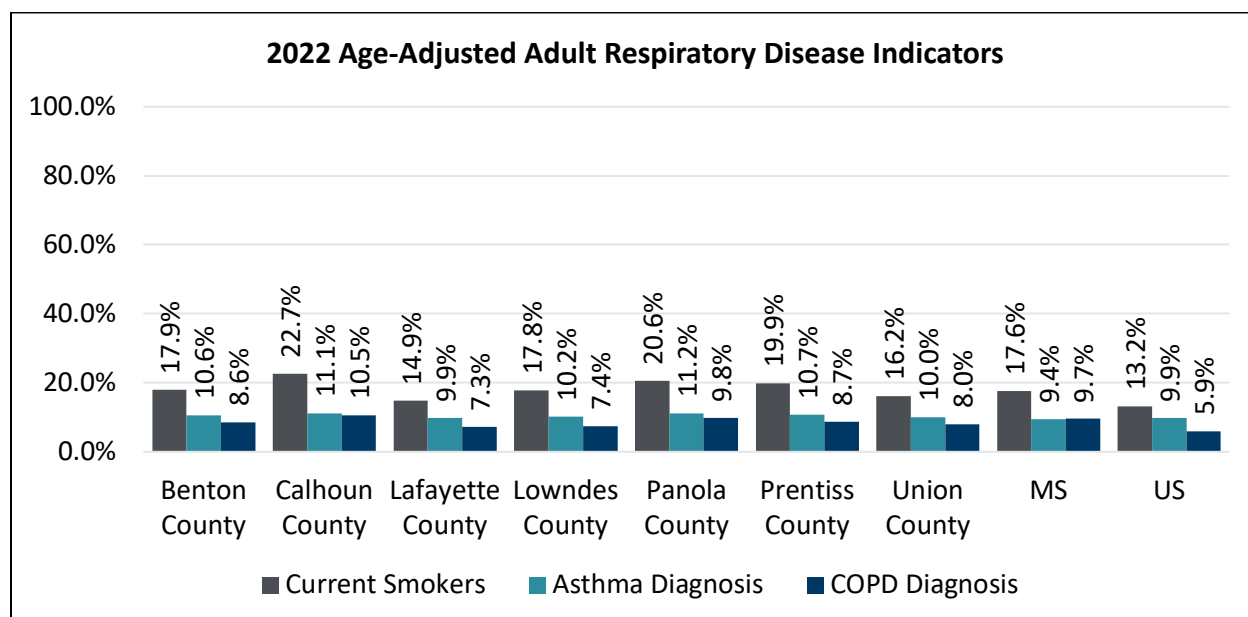
Source: Centers for Disease Control and Prevention



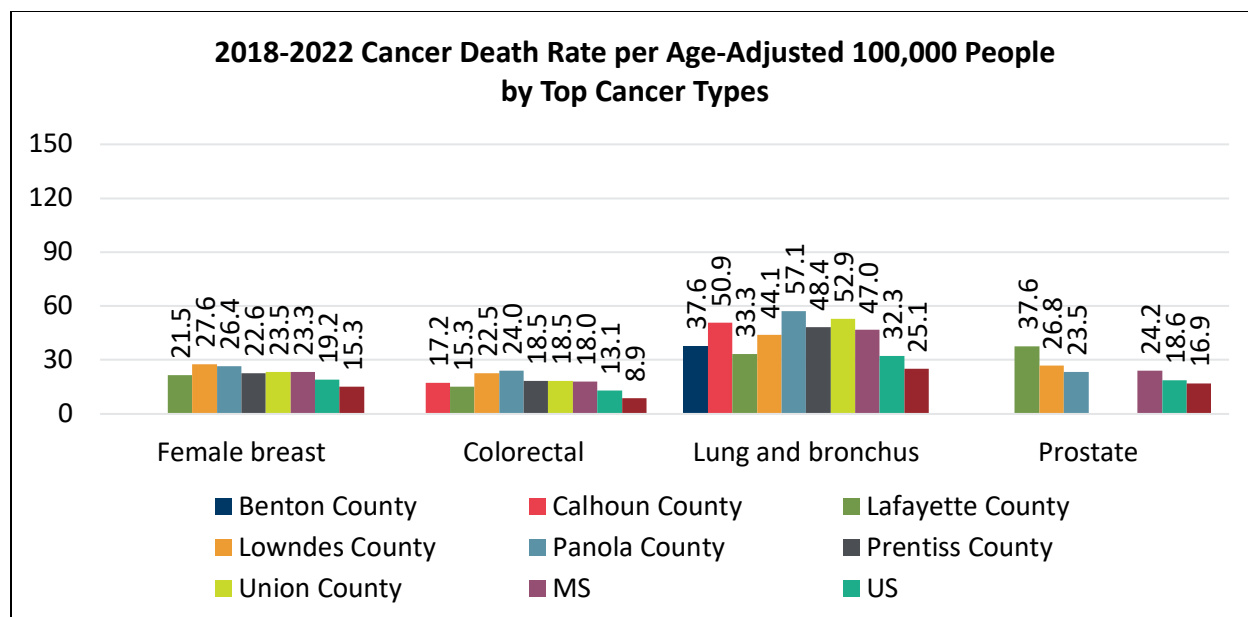


Source: Centers for Disease Control and Prevention

Adults in the service area are more likely to smoke than their peers statewide and/or nationally, with approximately 1 in 5 adults reporting current cigarette use in most counties. Asthma, chronic obstructive pulmonary disorder (COPD) and lung cancer, all chronic conditions strongly linked to cigarette use, as well as environmental factors, such as air pollution, are more prevalent across the counties when compared to the nation.



Source: Centers for Disease Control and Prevention

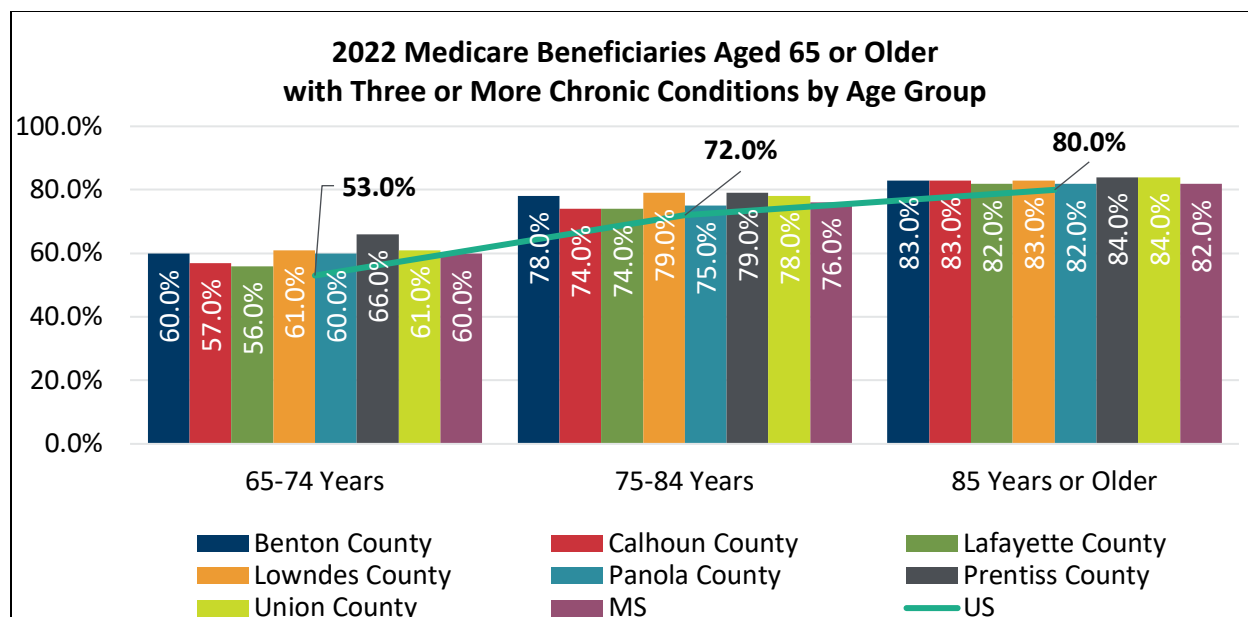


Source: Centers for Disease Control and Prevention

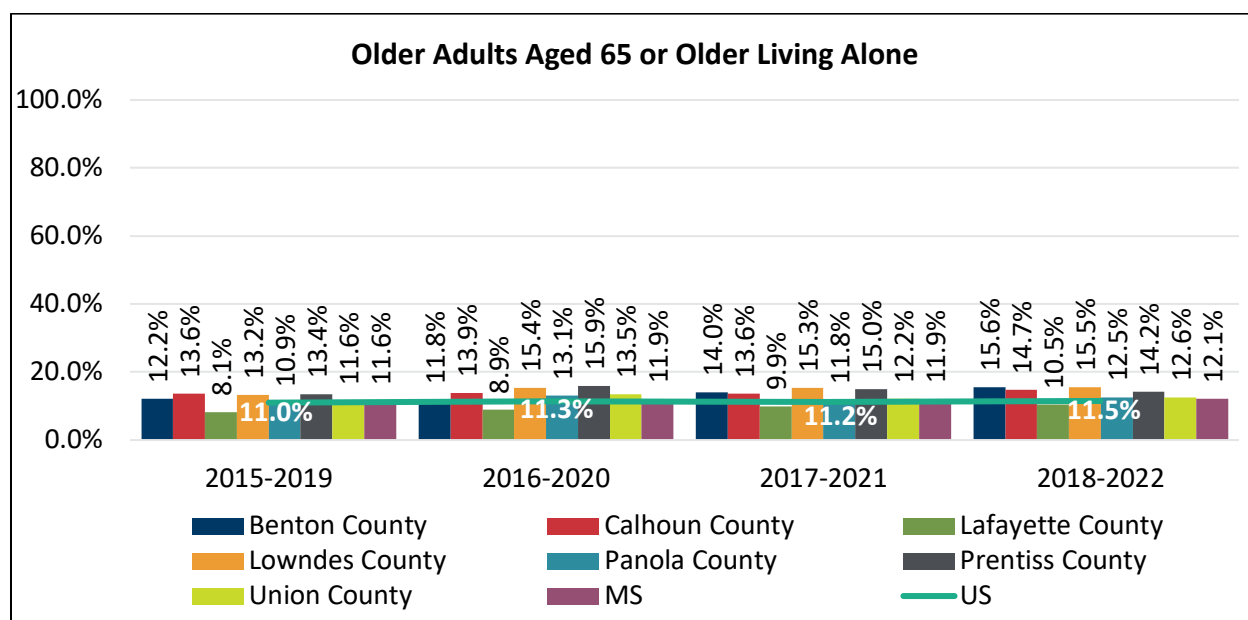
\*Data shown by county as available.

The North Mississippi service area population is aging. From 2010 to 2022, the number of adult residents aged 65 or older grew 20% or more in most of the counties. Older adults are more at risk for chronic disease, as well as factors that impede disease management, including economic insecurity, social isolation and access barriers (e.g., transportation, digital literacy).

When compared to their peers nationwide, older adult residents in the service area are more likely to experience chronic disease and to live alone, an indicator of social isolation. In 2022, approximately 60% of Medicare beneficiaries aged 65 or older managed three or more chronic conditions, with a higher reported proportion in Prentiss County (66%). Similar to state and national trends, disease prevalence increases significantly with age.



Source: Centers for Medicare & Medicaid Services



Source: U.S. Census Bureau, American Community Survey

Older adults without family nearby often struggle to access transportation and meet basic needs that require travel. While some community members volunteer to help, this support is often inconsistent and unreliable. Additionally, the shift toward health care navigation through apps and online platforms poses challenges for older adults. Partners emphasized the need for targeted outreach and education to help seniors better understand and use technology to access care. They also emphasized the need for more services to support older adults aging in place, including social assistance, transportation, affordable independent living options (e.g., home care, home health, caregiver support) and socialization opportunities.

Older adults without family support and/or living alone often struggle with complex decisions related to health care, finances and legal planning. Without designated caregivers or power of attorney, these individuals are frequently overlooked during discharge planning or long-term care transitions.

**STAKEHOLDER FEEDBACK:**

*"We'll have [older] patients that are coming in that have no relationship with their family. They're not able to make their own decisions. They're needing placement. They have no stable, living environment. So we're seeking long-term care placement."*

*"We've unfortunately had clients, some of our older clients, they didn't have food, and they were ashamed to talk about it."*

*"It's all on the [myChart] app, and most seniors don't get it. That's where the gap is coming in."*

**Community Recommendations to Improve Chronic Disease Prevention and Management**

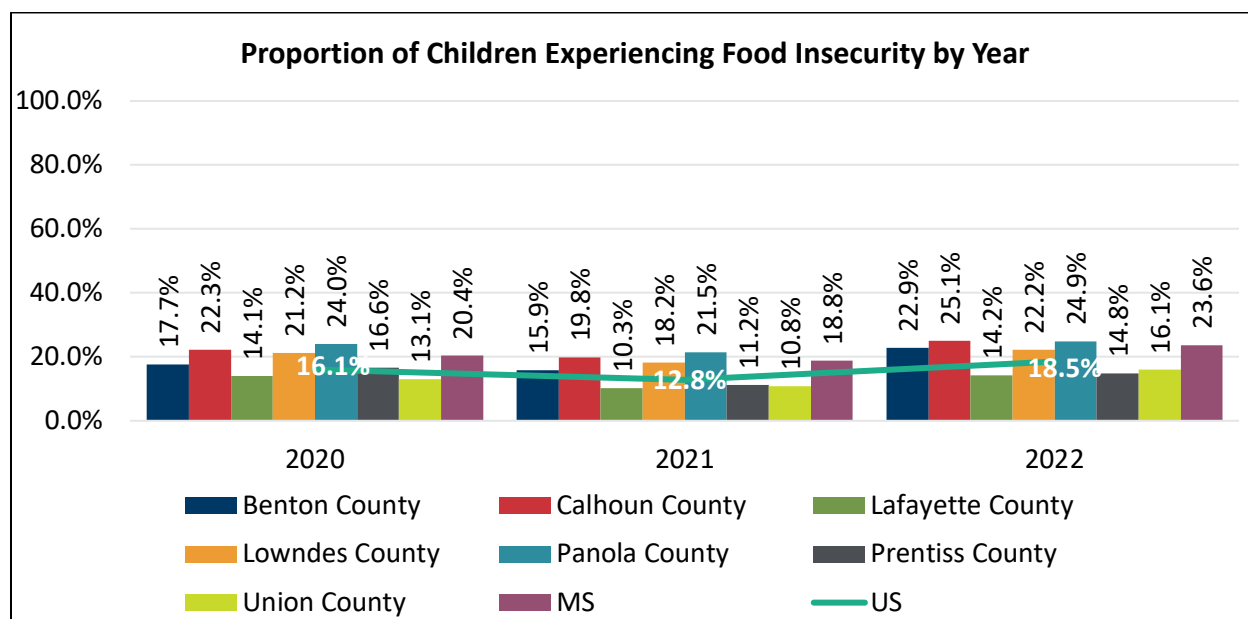
- Expand community outreach to identify and assist isolated, older adults who lack family or community support.
- Focus on addressing upstream social drivers of health factors (e.g., poverty, crime, trauma).
- Increase access to nutritionists and health coaches.
- Increase options and access for affordable and healthy food options (e.g., farmer's markets).
- Invest in existing community health programs and services (e.g., Mississippi State Department of Health and Human Services healthy food vending machines and chronic disease management programs) to increase capacity and reach.
- Provide funding for supportive community health and social service organizations to increase their capacity.
- Provide more public health education and programs to promote disease awareness and prevention.
- Provide programs to improve health literacy and develop relatable health education and resource content for patients.
- Support digital access initiatives for rural or older adults lacking tech literacy or tools.

## Economic Stability

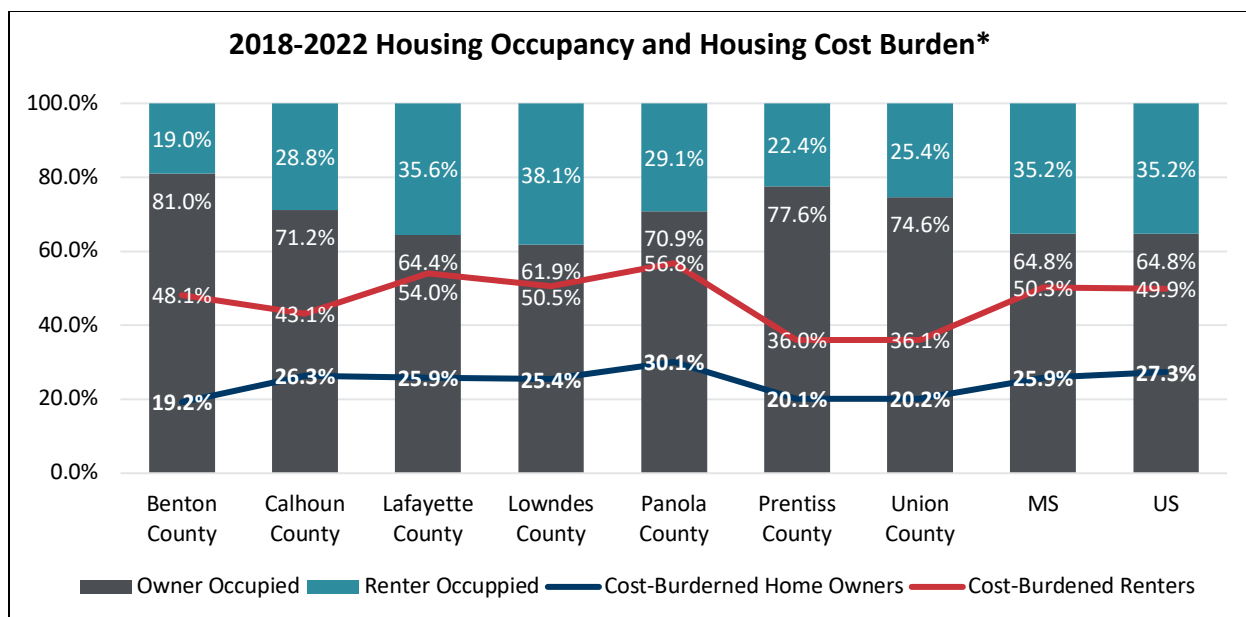
At the root of health disparities for the service area are socioeconomic experiences or social drivers of health (SDOH). Apart from Lafayette and Union County residents, residents within the service area have historically had lower incomes and more experiences of poverty. The recent rise in the cost of living has further challenged people to meet their basic needs and maintain their health.

Experiences of food insecurity across the service area and nationally increased in 2022, particularly for children. Approximately 1 in 4 children in all counties except Lafayette and Union (14%-15%) experience food insecurity. In 2023, the cost of childcare for a household with two children, measured as a percentage of median household income, was approximately 20% across the service area. Housing prices in the service area, excluding Lafayette County, are generally lower than state and national averages, but increased from the 2022 CHNA.

Housing cost burden reflects the proportion of households that spend more than 30% of their combined income on rent or mortgage expenses, and therefore, have few resources to spend on their basic needs, such as food and utilities. Outside of Benton, Prentiss and Union counties at least 1 in 4 homeowners are cost-burdened. In Lafayette, Lowndes and Panola counties, more than 50% of renters are cost-burdened (Note: Lafayette County renter cost-burden is influenced by the Ole Miss student population).



Source: Feeding America



Source: U.S. Census Bureau, American Community Survey

\*Defined as spending 30% or more of household income on rent or mortgage expenses.

#### Childcare Availability and Affordability

	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children as a percent of median household income
Benton County	5.8	15.1%
Calhoun County	11.7	16.0%
Lafayette County	4.9	18.9%
Lowndes County	9.4	20.6%
Panola County	5.3	19.8%
Prentiss County	5.9	16.3%
Union County	3.2	14.9%
Mississippi	6.4	17.0%
United States	7.0	27.0%

Source: Homeland Infrastructure Foundation-Level Data, 2010-2022 and The Living Wage Calculator, Small Area Income and Poverty Estimates, 2024 & 2023

When asked which SDOH to prioritize to have the biggest impact on the overall health of the people they serve, nearly 40% of key stakeholder survey participants selected economic stability (e.g., employment, poverty, cost of living) and 36% selected ability for everyone to have access to healthy foods to eat. Participants identified a need for more resources to help residents meet basic needs (e.g., monthly bills) and more coordinated efforts to address rising homelessness and hunger.

Faith leaders shared that when members of their congregation come to them for help, it is usually for financial assistance (e.g., paying utility bills), noting that needs increase at certain times of the year



when seasonal work is unavailable or when children go back to school. Top needs include food assistance, such as snacks for kids during the school year, and health care needs, such as finding and paying for medication and transportation to appointments. Many low-income families depend on food banks and their community connections (e.g., churches), to get by. Many seek financial assistance to afford medication or access transportation, leaving churches to fill in the gap social services leave.

#### STAKEHOLDER FEEDBACK:

*"We've unfortunately had clients, some of our older clients, they didn't have food, and they were ashamed to talk about it."*

*"We [Helping Hands Food Pantry], purge our files after about 2 years. We've had so many people that were once in those purged files, and they apologize and say they haven't been here in a long time because they haven't needed it. But now their money is not stretching to buy their food."*

#### Community Recommendations to Improve Economic Stability

- Address public transportation barriers that limit access to health and social services.
- Advocate for more statewide funding for career development efforts (e.g., scholarships, grants).
- Bring awareness to systemic economic issues, including generational poverty, living wage opportunities and income inequality.
- Expand affordable healthy eating programs, including food access initiatives tailored to families and older adults struggling with cost barriers.
- Help fund or support scholarships, mentorship and exposure programs offering young professionals or recent graduates as relatable role models.
- Increase health literacy and resource navigation.
- Provide financial navigation for patients needing long-term care or medication access.
- Strengthen connections between health care and social services to improve warm handoffs; ensure patients are connected directly to services rather than just referred.
- Support youth outreach and career awareness by providing staff to speak at high schools about health care careers.

### Maternal and Child Health

Birth rates vary within the service area. Despite having a lower birth rate than the state and nation, Lafayette County had a higher population growth, a finding that may indicate migration of residents to the county. In contrast, all other counties had similar or higher birth rates but declining or stagnant population, potentially reflecting both disparities in health and social well-being and out-migration of residents.

**2022 Births and Birth Rate per 1,000 People, All Births and by Race and Ethnicity**

	All Births		Birth Rate per 1,000		
	Count	Birth Rate per 1,000	Black and/or African American	White	Latinx (any race)
Benton County	89	11.8	10.0	12.8	NA
Calhoun County	161	12.6	13.3	12.4	19.3
Lafayette County	542	9.4	11.3	8.6	26.1
Lowndes County	707	12.3	13.1	11.4	14.6
Panola County	435	13.3	14.4	12.4	18.2
Prentiss County	316	12.7	11.4	13.2	NA
Union County	324	11.5	11.7	12.0	15.9
Mississippi	34,678	11.8	12.7	11.3	18.4
United States	3,667,758	11.0	12.3	9.5	14.7

Source: Mississippi State Department of Health and Centers for Disease Control and Prevention

Access to adequate prenatal care can have significant positive effects on maternal and infant health outcomes. Approximately 64% of pregnant people in Panola County and 73% of pregnant people in Lafayette County received first trimester prenatal care compared to 76%-84% of pregnant people in other counties, highlighting differences in access to care within the service area.

Pregnant people and babies across the service area generally experience poorer birth outcomes than their peers nationally, such as a higher proportion of teen, premature and low weight births. There are existing disparities in outcomes between population groups across all counties, with populations of color receiving less prenatal care and experiencing a higher proportion of negative birth outcomes.

### 2022 Maternal and Infant Health Indicators by Race and Ethnicity

	Teen (15-19) Births	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking During Pregnancy
Benton County	NA	79.8%	19.1%	13.5%	88.8%
Black and/or African American	NA	69.2%	19.2%	11.5%	96.2%
White	NA	85.2%	19.7%	14.8%	85.2%
Calhoun County	13.7%	75.8%	11.8%	11.8%	91.9%
Black and/or African American	NA	66.7%	14.6%	18.8%	97.9%
White	NA	80.0%	10.9%	9.1%	90.9%
Lafayette County	5.7%	72.7%	8.5%	9.6%	96.5%
Black and/or African American	10.3%	57.4%	9.7%	15.5%	96.1%
White	NA	79.8%	8.1%	7.3%	96.4%
Lowndes County	6.8%	84.3%	16.4%	15.0%	99.3%
Black and/or African American	9.1%	80.1%	19.9%	19.9%	99.4%
White	4.7%	88.5%	12.1%	10.0%	99.1%
Panola County	10.1%	64.4%	14.0%	15.6%	93.3%
Black and/or African American	NA	62.8%	17.9%	20.5%	96.2%
White	NA	65.8%	9.7%	10.2%	90.3%
Prentiss County	7.6%	80.4%	14.6%	10.8%	87.7%
Black and/or African American	NA	67.4%	16.3%	11.6%	88.4%
White	8.2%	82.9%	14.5%	10.8%	87.4%
Union County	7.7%	84.3%	12.7%	9.3%	92.0%
Black and/or African American	NA	88.5%	19.2%	19.2%	94.2%
White	7.7%	83.5%	11.4%	7.4%	91.5%
Mississippi	7.7%	75.4%	14.8%	12.7%	94.9%
Black and/or African American	9.7%	70.2%	18.1%	18.5%	96.4%
White	6.2%	79.4%	12.5%	8.8%	93.7%
United States	3.9%	77.0%	10.4%	8.6%	96.3%
Black and/or African American	5.7%	67.6%	14.6%	14.8%	96.9%
White	2.6%	82.6%	9.4%	7.1%	94.6%
HP2030 Goal	NA	80.5%	9.4%	NA	95.7%

Source: Mississippi State Department of Health and Centers for Disease Control and Prevention

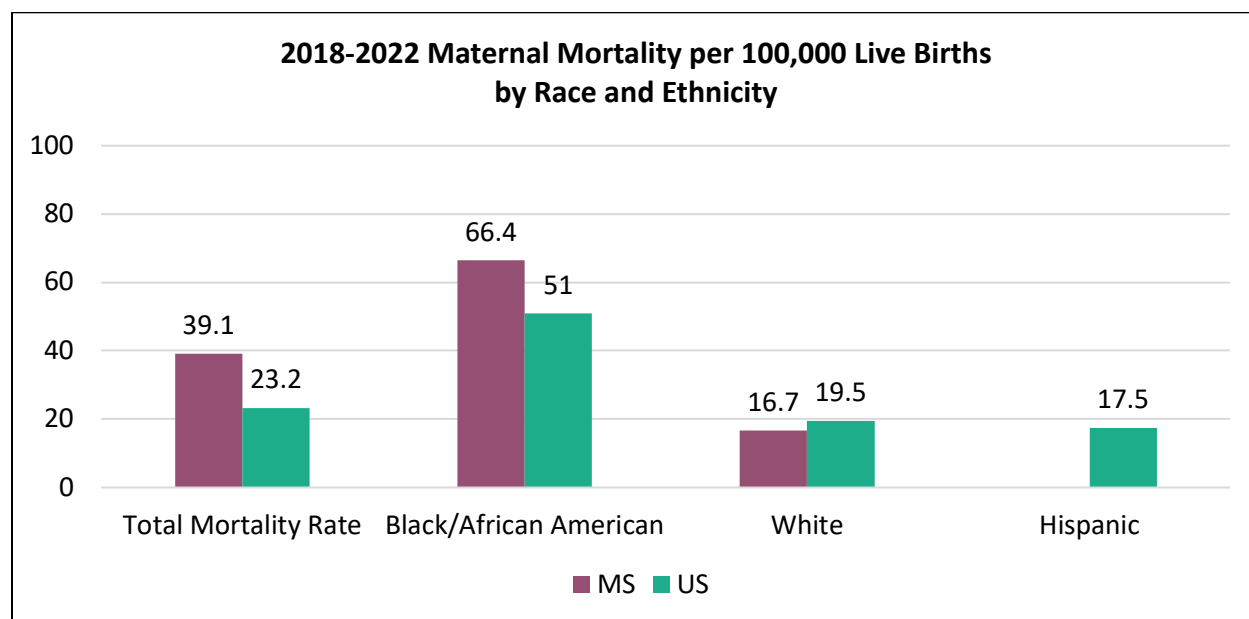
The infant death rate is widely used as a key indicator of community health because it reflects not only the health of infants but also the overall health and well-being of a population. It serves as an overall indication of factors, such as access to health care, socioeconomic conditions and the quality of the environment.

Infant death in Mississippi, 9.2 per 1,000 live births, is nearly twice that of the nation, 5.6 per 1,000 live births. Reported death rate disparities by race and ethnicity are indicative of the social and environmental stresses experienced by people of color. Across Mississippi, the infant death rate for Black and/or African American infants is two times higher than that of white infants. Similarly, the rate of maternal death for Black and/or African American people is four times higher than that of white people.

**2022 Infant Death Rate per 1,000 Live Births**

	Infant Deaths
Mississippi	9.2 (n=319)
Black and/or African American	12.2 (n=172)
White	6.2 (n=614)
Latinx (any race)	NA
HP2030 Goal	5.0

Source: Mississippi State Department of Health



Source: America's Health Rankings

Attention to maternal and child health has grown but significant challenges persist. Mississippi continues to have the highest rates of crib death despite extensive education efforts. There is also increasing prevalence of chronic conditions such as hypertension, irritable bowel syndrome and mental health concerns that affect maternal outcomes. Misinformation and hesitancy around vaccinations and infusions (e.g., vitamin K, MMR) are increasing, especially among new parents. Meanwhile, despite available services, use remains low.

Community stakeholders identified health literacy, trust and transportation as significant concerns for the birthing population in the service area. Birthing people often feel powerless or unheard in clinical settings, intimidated to switch providers even when care is subpar. Several areas in the state lack provider availability, and as a result, pregnant people must often travel nearly an hour or more to reach prenatal care or a delivery facility, which may be an emergency room not adequately equipped for birth.

#### STAKEHOLDER FEEDBACK:

*"You have to drive almost an hour in some cases to get to a delivering facility. We have like a 250-mile radius and a lot of people drive to deliver at our hospital, but they may not make it. So, they may have to pull over and deliver where they are. And that isn't always the ideal situation."*

Participants identified prenatal education as an area to improve in the coming years. Stakeholders emphasized the importance of building trust between expecting families and providers by improving efforts to reach mothers early, before hospital visits and birth. These efforts will ensure families are informed about their rights as patients, their birth plans and postpartum care options.

#### STAKEHOLDER FEEDBACK:

*"We inundate these moms with all this information once they're in the hospital. And it just doesn't stick because they are tired. They have just gone through labor. It just is not the time for new information and new interventions, because they just can't take it in. And so really focusing on prenatal education and reaching them early in the pregnancy, I think would really make a difference."*

*"Empowering moms to let them know that it's their pregnancy. It's not the doctor's pregnancy. And also let them know about their rights. Say, if something does go wrong within that doctor's visit, empower them to go find another doctor, to empower them to take ownership of it."*

### Community Recommendations to Improve Maternal and Child Health

- Advocate for statewide policy to support Medicaid expansion and doula reimbursement to better support mothers, especially those with limited income or living in medically underserved areas.
- Host or facilitate community conversations for expectant and new parents, providing trusted spaces for education and peer support.
- Enhance hospital discharge by offering information on community resources and facilitating referrals through key partnerships.
- Ensure inclusion of people with lived experience and underserved communities in defining challenges and solutions.
- Improve internal referrals and WIC (Women, Infants and Children) coordination, addressing appointment backlogs for lactation services or formula access.
- Improve prenatal education by reaching mothers early, before hospital visits, to ensure they're informed about their rights, birth plans and postpartum care options.
- Increase prenatal education outreach, including presentations by nutritionists or maternal health experts in schools, churches or community centers – involving the whole community as well to educate on maternal health and build a culture of knowledge around it.
- Increase visibility and coordination with doulas and midwives, positioning Baptist as a welcoming, inclusive care environment.
- Leverage and elevate trusted community leaders who can provide culturally relevant and accessible education to new and expectant mothers.
- Offer ongoing provider education on Medicaid, insurance coverage (e.g., for lactation consulting) and patient empowerment tools.
- Support Baby-Friendly Hospital designation efforts and invest in training (e.g., Neonatal Resuscitation Program) that smaller or rural facilities can't afford.
- Train staff on implicit bias and true informed consent, including patient autonomy in such procedures as cervical checks or feeding plans.



## Our Response to the Community's Needs

In 2022, Baptist conducted a similar CHNA and developed a supporting three-year Implementation Strategy to address health priorities for its communities. Based on the CHNA findings, Baptist's leaders identified three priority areas for the Mid-South service area:

- Behavioral health
- Chronic disease
- Maternal and child health

Baptist invested in internal population health management strategies and worked with diverse community agencies across the Mid-South to fund programs and initiatives aimed at addressing the identified priority areas. The system measured contributions and community impact from these investments as outlined in the following sections.

### Giving Back

Baptist believes strongly in corporate citizenship and the importance of collaborating with local organizations to build stronger and healthier communities. Baptist provided charitable grants and in-kind services to hundreds of nonprofit organizations across the Mid-South. The grants and services supported educational seminars, community health screenings, special events, employee engagement, programs to reduce health disparities and improve access to care and more.

**Baptist Community Benefit Investments by Region and Fiscal Year (FY)**

	FY 2024	FY 2023	FY 2022
<b>Central Mississippi Hospitals*</b> Baptist Attala, Baptist Leake, Baptist Yazoo, Mississippi Baptist Medical Center	\$68,978,049	\$74,624,129	\$73,171,685
<b>Memphis Metro Hospitals</b> Baptist Collierville, Baptist DeSoto, Baptist Memphis, Baptist Rehabilitation Hospital, Baptist Tipton, Baptist Children's Hospital, Baptist Women's Hospital	\$188,653,184	\$264,926,891	\$271,833,701
<b>North Mississippi Hospitals</b> Baptist Booneville, Baptist Calhoun, Baptist Golden Triangle, Baptist North Mississippi, Baptist Union County	\$52,479,449	\$48,549,401	\$53,556,593
<b>Northeast Arkansas Hospitals</b> Baptist Crittenden, NEA Baptist	\$27,917,883	\$29,752,681	\$18,958,103
<b>West Tennessee Hospitals</b> Baptist Carroll County, Baptist Union City	\$19,317,014	\$15,158,420	\$7,068,223
<b>Other Entities</b>	\$31,513,515	\$32,886,873	\$30,937,425
<b>Grand Total</b>	<b>\$388,859,094</b>	<b>\$465,898,395</b>	<b>\$455,525,730</b>

Source: Baptist Form 990 Schedule H

\*Baptist Anderson Regional Medical Center and Baptist Anderson Regional Medical Center-South joined the system in 2024 and are not included in community benefit investment totals.

### **Health Care for Underserved Communities**

Baptist Healthy Communities Program supports community and faith-based organizations to create, sustain and provide programs and access to affordable health care for underserved, underinsured and uninsured residents. These programs touch all areas of Baptist's geographical footprint and include long-term and temporary programs, depending on the need.

Baptist is the Mid-South's leader in providing health care for the homeless. Through a collaboration with Christ Community Health Services in Memphis, Tennessee, the Baptist Operation Outreach mobile health care clinic provides free acute and primary care, disease management support, mental health care, medication, health information and medical care transportation for unhoused Memphians. Baptist also works with Davis Vision and Bellevue Baptist Church to offer free vision screenings, eyeglasses and dental services. The mobile health unit cares for 2,500 patients a year.

In Central Mississippi, Baptist sponsors the Mission First Medical Clinic, which provides primary care for uninsured people in the Jackson metropolitan area (Hinds, Madison and Rankin counties) and those who have a household income of 200% of the poverty level. Also in Central Mississippi, Baptist contributes to the Shepherd's Touch Ministry, which provides free health care to uninsured residents.

In Tennessee, Baptist implemented an innovative patient care approach that pairs trained Community Health Workers (CHWs) with patients diagnosed with one or more of the following conditions: hypertension, congestive/chronic heart failure, depression or anxiety. The program is supported by grant funding generated at Baptist Health Sciences University and operates in medically underserved and rural areas of the state for patients insured by Aetna. In fall 2025, additional services will be available to patients with two or more chronic conditions who consent to participate in a one-year research project evaluating the efficacy of the CHW model to impact patient outcomes. This expansion offering is grant funded through the National Institutes of Health and will be open to patients throughout Tennessee and all her geographically bordering states.

Baptist provides a mobile mammography unit that brings convenient breast cancer screening services to communities in the Mid-South. The unit, equipped with 3D digital mammography technology, provides screening mammograms to women who may not otherwise have easy access to such services. Mammography is covered by most insurance plans. Through an application process and the support of generous community partners, grants are available for those without insurance and who are underinsured. The mobile mammography unit hosted 94 mammogram screening events in 2022, 62 events in 2023 and 85 events in 2024.

### **Baptist Health Sciences University HealthCORE and the Baptist Center for Career Development**

Baptist supports job opportunities and training to encourage interest in health care careers. Many of these programs provide opportunities for students who have historically faced systemic barriers to educational access and success, including racial and ethnic minorities, low-income students and first-generation college students.

HealthCORE provides community outreach, one-on-one mentoring and educational support for students interested in health care careers. The program provides exposure to an array of health careers and is

administered by Baptist Health Sciences University and Baptist Memorial Health Care. The program includes single-day events for STEM (Science, Technology, Engineering and Math) students, summer camps, mentoring, tutoring, shadowing opportunities and other support for Mid-South youth. HealthCORE's signature programs are Black Men in White Coats and SHE Leads the Way:

**Black Men in White Coats** is an initiative to address the general decline in the number of male minority students who attend medical school. The program includes information and resources on pursuing medical or science careers and networking opportunities with Baptist's physicians and other health care professionals.

**SHE (Science, Health, Empowerment) Leads the Way** is designed to introduce middle school, high school and college-aged young women to science and health care careers. Participants meet leaders in science, technology, engineering and mathematics and gain practical assistance with expanding their education and reaching their goals through monthly sessions facilitated by Baptist Health Sciences University.

The Baptist Center for Career Development formalized job shadowing and internship opportunities for students throughout Baptist Memorial Health Care's service areas. Participating organizations include the following:

- Booneville (Mississippi) School District
- Calhoun County (Mississippi) Center for Technical Education
- Calhoun County School District
- City of Memphis Office of Youth Services MPLOY Youth Summer Experience Program
- Kosciusko (Mississippi) School District
- Memphis/Shelby County Schools District
- New Albany (Mississippi) School District
- Prentiss County (Mississippi) School District
- Three Rivers EPIC Program
- Union County (Mississippi) School District
- University of Tennessee Health Science Center Pre-Health Scholars Program

**Job Shadowing and Internship Placements**

Year	Job Shadowing	Internships
2023	30	15
2024	289	57
2025 YTD	456	92
<b>TOTAL</b>	<b>775</b>	<b>164</b>

### Addressing Social Drivers of Health

Baptist is committed to ensuring residents have the resources they need to live healthy lives. Baptist launched [baptistresources.com](https://baptistresources.com), a free, online directory to find and connect with local financial assistance, food pantries, medical care and other free or reduced-cost services. Baptistresources.com is available for Baptist's clinical staff to share with patients and community members across the Mid-South.

#### Baptist Resources Utilization: Baptist Staff Members

Year	Users	Resource Searches	Most Common Search Terms (Across all years)
2022	916	2,706	Help paying for utilities Help paying for housing Counseling Temporary shelter
2023	1,545	3,901	
2024	1,124	4,212	
2025 YTD	585	3,493	

#### Baptist Resources Utilization: Community Members

Year	Users	Resource Searches	Most Common Search Terms (Across all years)
2022	8,240	10,181	Help paying for health care Help paying for housing Discounted health care Help finding housing
2023	8,706	10,850	
2024	14,742	12,366	
2025 YTD	11,528	8,662	

Baptist uses LanguageLine Solutions to ensure hospital staff members can communicate with patients regardless of their native language. Health care team members can communicate with translators by phone and/or video 24 hours a day, 7 days a week, 365 days a year. Baptist has a unique program that uses technology and collaborations with community organizations to communicate with patients in their preferred language. For example, through a collaboration with Latino Memphis, Baptist sponsors a texting platform that allows those in the Latinx community to receive health, wellness and other critical information.

Baptist has provided language assistance services for many years and saw an increase in the use of these services in 2024. In 2024, Baptist team members made 80,000 calls to an interpreter, a 36% increase over 2023. Team members spent nearly 800,000 minutes with interpreters, a 44% increase over 2023. Baptist consulted interpreters for 106 different languages, 20 more languages than in 2023. New language translation functionality is anticipated in late 2025 with the implementation of EPIC.

Baptist's hospitals provide food boxes for recently hospitalized diabetes patients and to any other patients who are identified as having limited access to food to help ensure they have resources upon discharge from the hospital. Community partners that support this effort include the Food Bank of Northeast Arkansas, Mississippi Food Network, the Mid-South Food Bank and a number of community food pantries. Additionally, Baptist supports programs, such as the Loaves and Fishes Soup Kitchen in Columbus, Mississippi, and the Union County Good Samaritan Food Bank in New Albany, Mississippi.

### Improving Health Equity

Baptist established an internal System Health Equity Advisory Council (SHEAC) in response to the widespread health and social disparities affecting its patients and to devote more efforts toward health care equity. The council, comprising Baptist's leaders and representatives, provides guidelines for identifying, analyzing, addressing and monitoring disparities in health care among Baptist's patient populations with the goal of minimizing inequities.

SHEAC provides recommendations for the health care system's policies and procedures to address and reduce disparities. Work streams within the council have been developed to review and report progress on accessibility, access to care, language barriers, education, behavioral health, community impact, data and reporting. Clinical data is provided by the system's data support team to compare and analyze areas, such as emergency department returns within seven days, hospital readmissions, episiotomy rates and C-sections. Work streams review and analyze hospital-specific data in conjunction with community health improvement efforts to increase access to care through mammograms, low-dose CT lung cancer screenings, diabetes education and initiatives to reduce food insecurity.

Education and awareness of SHEAC's initiatives are shared with all of Baptist's operational and clinical disciplines, and outcomes are now being reported to the board of directors at each hospital and the system's corporate board of directors. Each hospital has identified a health equity leader and formed a committee to review opportunities and action plans specific to its community.

Baptist also supports organizations dedicated to bringing awareness to and addressing health inequities within communities, including the National Civil Rights Museum and Mission Mississippi, a statewide movement that strives to address the tentacles of racism passed on from generation to generation.

### Improving Behavioral Health

Baptist Centers for Good Grief are located in Collierville and Memphis, Tennessee, and Jonesboro, Arkansas. The centers offer free bereavement services to these communities and beyond, including individual counseling; group counseling for children, teens and adults; grief workshops; grief camps; community education and crisis response for schools and businesses. The grief center provided 8,424 grief sessions in 2024. Grief center resources include a podcast, YouTube Channel and monthly newsletter.

In 2025, Baptist hosted the first Heart & Soul: A Men's Wellness Collective event. Nearly 300 people attended the event at the Agricenter International Expo Center in Memphis. Presented in honor of Men's Mental Health Awareness Month, the free event aimed to educate and inspire men to be proactive about their mental health.

Heart & Soul addressed men's physical, mental and emotional health. The event brought together expert speakers, health care professionals, mental health providers and community organizations. It featured presentations from mental health experts, breakout discussion sessions on mental health topics and financial well-being, health screenings, CPR demos, vendor booths, breakfast and lunch, door prizes and giveaways. Heart & Soul included "Boots on the Ground" performances by the Grizz Girls and Grizzlies Grannies & Grandpas, and a speech, "Special Tribute to Men," by actress Elise Neal. Celebrity

guest speakers Michael Jai and Gillian White participated in “Luv Strong,” a Q&A facilitated by Memphis Allies and moderated by LaDell Beamon with Heal the Hood Foundation of Memphis. Actor Da’Vinci presented “The Conversation With Da’Vinci,” a Q&A facilitated by Memphis Allies and moderated by Keith Norman, Baptist’s vice president/chief government affairs and community relations officer.

### **Addressing Maternal and Child Health Disparities**

Baptist is committed to reducing health disparities in birth outcomes and increasing access to comprehensive pre- and postnatal care services by actively participating in regional and national conversations to improve quality standards to reduce maternal morbidity and mortality. The system has implemented Quality Assessment and Performance Improvement (QAPI) to analyze and track birth outcomes by diverse subpopulations and monitor disparities in care processes, services, operations and outcomes.

Baptist has worked to make access to pregnancy, birth and parenting resources widely available to residents through online and in-person, community-based education and support classes. These sessions are designed to support the entire family unit. Baptist’s *Dynamics Dads* virtual workshop offered by Families Matter, is led by veteran dads who share information from a dad's perspective. Topics include caring for mom and new family dynamics, dealing with crying babies and crying moms and how to be a dynamic dad.

### **Health Improvement Activities in North Mississippi Communities**

In addition to organization-wide initiatives to address identified priority areas, each Baptist Memorial Hospital worked with local organizations and invested in programming and services to better meet the needs of its community residents. Examples of these efforts are provided below by hospital:

#### **Baptist Memorial Hospital-Booneville**

- Provided health education information at drive-thru back-to-school health fairs
- Sponsored local sealant project through MOHCA (Mississippi Oral Health Community Alliance) and Northeast Mississippi Community College's Dental Hygiene program to promote oral health in children
- Sponsored/supported bereavement programs through local funeral homes for grief support
- Sponsored WTVA senior fair and supported the Triad senior day
- Sponsored the breast cancer awareness luncheon in October
- Offered discounted heart scores during the month of February

#### **Baptist Memorial Hospital-Calhoun**

- Provided community education on dementia awareness
- Provided CPR classes to local schools and daycare centers
- Provided tele-addiction services
- Participated in health fairs and informational booths to provide health information and promote healthy lifestyles
- Provided a computer station for people without computer access to register for COVID-19 vaccinations

- Offered discounted heart scores during the month of February
- Provided free drug prescriptions to underserved community members
- Hosted community blood drives
- Provided sports physicals for students at all schools in Calhoun County
- Served as a clinical site for the Calhoun County Allied Health program's rotations
- Provided free blood pressure screenings and health information at three local festivals
- Provided a health care career crash course for high school junior and senior students interested in a medical career

#### **Baptist Memorial Hospital-Golden Triangle**

- Provided diabetes, smoking cessation and cancer support groups
- Provided free flu shots at community events
- Provided free community screenings, including bone density, blood pressure, blood glucose, body mass index, diabetes, Heart Score and others; many screenings were offered in rural and underserved areas
- Provided free monthly prostate-specific antigen (PSA) tests for men over 40
- Hosted quarterly blood drives
- Collaborated with local nonprofits to address various health needs, including American Cancer Society, Loaves and Fishes Community Soup Kitchen, Helping Hands, United Way, Boys and Girls Clubs, Make-A-Wish Foundation and Father's Child Ministry
- Coordinated medical experts to speak at various community events and business and civic clubs related to disease awareness and prevention
- Hosted Breast Cancer Awareness Month activities to raise awareness of breast cancer
- Participated in community programs to highlight awareness and prevention of health need priorities, including cancer, trauma, stroke, mental health and maternal and child health
- Provided health screenings, CPR/First Aid training and drug screens at area businesses and industries
- Provided free screening and diagnostic mammograms and ultrasounds to uninsured and underinsured women using Susan G. Komen and other grant funds
- Provided free monthly Learn at Lunch programs for the community on CHNA-related topics such as mental health, diabetes vaccinations, colon cancer, cardiac disease, tobacco, lung disease and low-dose CT
- Used staff physicians, clinicians and other staff members to provide video Health Talks on various health-related topics, including tobacco addiction and cessation, mental illness, diabetes, heart healthy eating, breastfeeding, heart attack, congestive heart failure, thyroid disease and opioid addiction
- Promoted Ambulance/ER/Trauma awareness using monthly videos featuring staff physicians and other clinicians on such topics as ATV safety, falls, concussions and water/boating safety
- Worked with community groups such as the Make a Wish Foundation, Kickin' For a Cure and Boys and Girls Clubs to sponsor events that benefit these organizations
- Coordinated 'Baptist Egg Bowl' Canned Food Drive with Baptist North Mississippi the week of Thanksgiving and donated more than 2,200 items to our local Food Pantry. It was the largest



single donation ever to the food pantry, allowing for every family that needed it to receive enough food for a Thanksgiving meal

- Hosted a Holiday Wreath Auction that raised more than \$1,500 that was donated to the Golden Triangle Baptist Cancer Foundation. Funds are used to help cancer patients with incidental expenses of cancer treatment such as gas cards and co-pays for prescriptions

#### **Baptist Memorial Hospital-North Mississippi**

- Implemented depression and mental health screenings among primary care patients
- Collaborated with Memory Makers to support a local Alzheimer's disease support group
- Provided maternal and child health classes and presentations on topics, including child birthing, breastfeeding and women's health
- Provided chronic conditions (asthma, cancer, COPD, diabetes and heart disease) education sessions, management classes and luncheon series, and sponsored community awareness campaigns
- Sponsored community agencies and events, including the American Cancer Society Relay for Life, Diabetes Foundation, Oxford Community Farmer's Market, Junior Auxiliary, Love Packs, March of Dimes, Doors of Hope, United Way, More Than a Meal, etc.
- Sponsored Oxford Community Market providing fresh produce for the underserved community
- Provided free mammograms to underserved community members
- Provided free transportation grants to underserved cancer patients
- Hosted community blood drives
- Provided health talks for the community on preventative measures for chronic diseases

#### **Baptist Memorial Hospital-Union County**

- Provided free bi-monthly diabetes management classes
- Provided free monthly Ostomy Support Group meetings offering education, supplies and resources
- Provided monthly CPR and first aid training and certification to multiple community groups and individuals, as well as local industries and clinics
- Provided sports physicals for students at Blue Mountain Christian University and New Albany Schools
- Hosted Back to School Health Fair where health information, screenings, interactive booths and free school supplies were provided. Medical providers that participated included physicians, nurse practitioners, dentists and optometrists
- Participated in and hosted various health fairs for staff at New Albany and Union County Schools, Mississippi Department of Transportation, MS Extension Service Senior Day and WTVA Senior Fair, among others
- Provided free community screening events with lipid panel, bone density, blood pressure screenings and flu vaccinations
- Provided free flu vaccinations for the Mississippi Highway Patrol and emergency responders
- Provided baby fairs for expectant mothers that included medical and maternal experts, breastfeeding information, health education, supplies, car seat safety and community resources

- Sponsored a fundraising event for First Choice Pregnancy Center, which provides free pregnancy testing and counseling
- Sponsored "Night to Shine" for special needs children and adults
- Sponsored the Pedaling for Hope event to promote exercise and support the Regional Rehabilitation Center that provides free rehab services to children
- Made monetary donations to various organizations, including Boys & Girls Club and Helping Hands
- Participated in the Excel by 5 Career Expo, New Albany Career and Technical Day and various high school programs to promote awareness of health care careers
- Hosted a free breast cancer awareness luncheon to educate the community on early detection and prevention
- Offered Heart Score calcium screenings at a reduced-price during heart health awareness month
- Served as a clinical site for the New Albany and Union County Allied Health program's rotations
- Hosted a food and donation drive for the Good Samaritan Center food pantry
- Hosted quarterly blood drives
- Provided health education at schools, including personal hygiene, heart health program and summer safety
- Sponsored the "Kids Get Healthy" Challenge as part of the Tallahatchie 5k Run
- Provided Christmas gifts for angel tree students at New Albany Middle School

## Board Approval and Next Steps

Baptist would like to thank our community partners that provided guidance, expertise and ongoing collaboration to inform the 2025 CHNA and help improve the health and well-being of the region.

We are committed to advancing health initiatives and community collaboration to support key health needs identified in the CHNA. The 2025 CHNA report and identified priority health needs were presented to Baptist's corporate and hospital boards of directors and approved by September 2025. Following the system's board approval, the CHNA report was published and accessible to the public via Baptist's website at [baptistonline.org/about/chna](https://baptistonline.org/about/chna).

Following the completion of the 2025 CHNA, Baptist developed a supporting three-year Implementation Strategy for each of its hospitals outlining strategies for addressing priority health needs. The 2025-28 Implementation Strategy will be reviewed and approved by the Baptist's boards of directors and made available to the public via the website.

We value your input on our CHNA and Implementation Strategy. Please contact [community.relations@bmhcc.org](mailto:community.relations@bmhcc.org) or visit our website to learn more.

## Appendix A: Secondary Data References

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## Appendix B: Key Stakeholder Survey Participants

The following is a list of represented community organizations and the participants' respective titles, as provided.

Organization	Title/Role
Alzheimer's Association	Executive Director
American Civil Liberties Union of Mississippi (ACLU of MS)	Director of Policy and Advocacy
ARcare	Chief Operations Officer
Baptist Heart	Nurse Practitioner
Baptist Heart Jackson MS	Medical Doctor
Baptist Medical Education	Program Director
Baptist Medical Group	Medical Doctor
Baptist Medical Group New Albany Medical Group	Medical Doctor
Baptist Memorial Health Care	Chairman
Baptist Memorial Health Care	Board Member
Baptist Memorial Health Care	President Emeritus
Baptist Memorial Health Care	Nurse Practitioner
Baptist Memorial Health Care	Manager, Market Development Research
Baptist Memorial Health Care/Mid-South Minority Underserved NCORP	Unspecified
Baptist Memorial Hospital	Board Member
Baptist Memorial Hospital-Golden Triangle	Internal Medicine Physician and Internal Medicine Residency Administrator
Baptist Memorial Hospital-Golden Triangle	Director
BCC Starkville Infusion Center GTR	Nurse Practitioner
Burn Foundation of America, Inc.	President and Chief Executive Officer
Calhoun County School District	Assistant Superintendent
Calhoun Economic Development Association, Inc.	Director
Canopy Children's Solutions	Chief Executive Officer
Center for Mississippi Health Policy	Executive Director
Children's Advocacy Centers of Mississippi	Chief Strategy and Operations Officer
City of Bruce	Mayor
Columbus Lowndes Chamber of Commerce	Director
Comer Law Firm	Owner
Diabetes Foundation of Mississippi	Associate Director
Diabetes Foundation of Mississippi	Associate Director
Episcopal Churches	Deacon
Excel By 5	Executive Director
Girl Scouts Heart of the South	Chief Executive Officer
Helping Hands of Columbus, Inc.	Executive Director
Hope House of Hospitality, Inc	Executive Director
Joni and Friends	Area Director Mississippi and Alabama
Mid-South Transplant Foundation	Executive Director
Mission Mississippi	Executive Assistant to the President
Mission Mississippi	President
MississippiCare	Community Development Coordinator

Organization	Title/Role
MississippiCare	VP Operations
MORA	Director of Community Services and Relations
National MS Society	Senior Development Manager
New Albany Gazette Newspaper	Editor
New Albany Main Street Association	Director
New Albany Ob/Gyn Clinic P.C.	Office Manager, Registered Nurse
New Albany Police Dept.	Chief of Police
New Albany School District	Child Nutrition Director
New Albany School District	Superintendent
North Mississippi Regional Center	Director
Northwest Mississippi Community College	AVP Community Relations
Oxford Medical Ministries Clinic	Director
Oxford Police Dept	Chief
Piney Woods School	Director of Advancement Operations
Prentiss County Sheriff's Office	Sheriff
Regions Bank	Financial Advisor
Rhett Real Estate Inc.	Owner/President
St. Jude Children's Research Hospital, HPV Cancer Prevention Program	Director
St. Paul Baptist Church	Pastor
The Little Light House, Central MS	Executive Director
UCHS	Director
Union County Good Samaritan Center	Director
Union County Heritage Museum	Director
United Way of Oxford-Lafayette County	Executive Director
University of Mississippi-DeSoto	Coordinator of Admissions
Youth Villages	Director, Grants and Development Research



## Appendix C: Partner Forum Participants

The following is a list of represented community members and their respective organization.

Organization	Name
Baptist Memorial Hospital-North Mississippi	Jondi Roberson
Baptist Memorial Hospital-North Mississippi	Jordan Williams
Blue Cross Blue Shield of MS	Casey Bland
CASA of North Mississippi	Megan Clark
CASA of North Mississippi	Erin Smith
CASA of North Mississippi	Wanda Woods
Lafayette Career & Technical Center	Sandi Allen
Lafayette Career & Technical Center	Jaden Cook
Lafayette Career & Technical Center	Grant Crockett
Lafayette County Emergency Management	Jeremy Abbott
Lafayette County Emergency Management	Steve Quarles
Mississippi Care	Karen Allison
Mississippi Care	Sara Hayden Armer
Mississippi State Department of Health and Human Services	Courtney Johnson
Mississippi State Department of Health and Human Services	Brianna McField
Mississippi State Department of Health and Human Services	Elois Smith
Mississippi State Department of Health and Human Services	Jesse Tyler
North Mississippi Community College	Betty Ginn
North Mississippi Exchange Family Center	Denise Strub
North Mississippi Regional Center	Kerry Nichols
North Mississippi Regional Center	Denise Phelps
Oxford Lafayette Chamber of Commerce	Pam Swain
Oxford-Lafayette County Economic Development Foundation	Ryan Miller
Oxford Park Commission	Chrystal Love
Oxford-University Transit	Shamekia Lowe
United Way of Oxford-Lafayette County	Kurt Brummett
University of Mississippi Center for Community Engagement	Kathryn Kidd